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Case Study

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Abstract
"Condition Help" is a family activated rapid response team designed to enhance a partnership between providers and the family. Calling a "Condition Help" results in the rapid arrival of a response team (physician, nurse administrator and patient representative) that assesses the clinical status, listens to families' concerns and promotes communication to move clinical care forward. "Condition Help" has been an active program for the last 10 years at Children's Hospital of Pittsburgh of UPMC (University of Pittsburgh Medical Center) and has assisted in the care of 608 patient encounters. This article outlines the experience gained using this vital program, summarizes our model, and reviews what we have learned.

Keywords
Patient-direct rapid response team, communication, family engagement

Introduction

A breakdown in communication prompting a patient or family to call for help is a significant event. In 2001, the mother of Josie King had no such system available to her. Josie, an 18-month-old girl admitted to Johns Hopkins Hospital following a burn injury, succumbed to her illness due to a medical error, despite her family's concern that she was deteriorating.[1] A family activated response team, "Condition Help," is the system used at Children's Hospital of Pittsburgh of UPMC since September 2005 to help address this issue. Prior to this system, the various responses used were uncoordinated, disorganized, and often viewed as being employed too late to be consequential. The initial description of "Condition Help" was published in 2008.[2] At that time, 42 calls had been placed by patients and families in the two-year pilot study on acute care units of the hospital. Since then, 566 additional "Condition Help" calls have been placed and the program has been expanded to all patient care locations within the hospital and emergency department. The program has identified salient points of improvement in our system and focused modifications to improve the hospital culture to support family engagement. This document outlines the experience that has been gained by this vital program, summarizes our model, and reviews what we have learned.

Ineffective communication and failure to recognize deterioration of a patient's clinical condition are well documented as contributing factors to increased morbidity and mortality in hospitals. In addition, numerous published studies have demonstrated the use of staff-activated rapid response teams (RRTs), which bring critical care teams to the patient's bedside, improves outcomes.[3] The literature reveals that use of staff-activated RRT lead to a 35% reduction in rates of cardiopulmonary arrest outside of the ICU in adult hospitals and 36 % reduction in rates of cardiopulmonary arrest outside of the ICU in pediatric hospitals.[4]

Over the last decade, the use of rapid response teams has expanded to include an option for patients and families to activate a similar team, should the patient or family feel that there are clinical changes in a patient's condition not recognized by the medical team. Although highly recommended by the Joint Commission, the Institute of Medicine, and Institute for Healthcare Improvement, there is limited published literature on the use of family-activated RRTs in pediatrics.[5]

Methods

The process of a "Condition Help" has been outlined in Figure 1 and 2 for reference. Figure 1 is a flow diagram used to educate families on the process and expectations of calling a "Condition Help." This diagram demonstrates the basic method for a family to call a "Condition Help," the expectations of key team members and goals of the evaluation process. Figure 2 is a provider checklist used by the "Condition Help" team during an evaluation.

Figure 1: Flow diagram to educate families on the process of calling a "Condition Help."

CONDITION HELP

Any patient or family member who has concerns that patient's immediate health could be in danger can activate the **Condition Help Response Team via 555-5555**

1. The Patient or Family should dial 555-5555

Reasons for Calling:

- If a noticeable medical change in your child occurs and the health care team is not addressing your concerns
- If there is a breakdown in how care is being given and/or uncertainty over what needs to be done for your child
- If your child is being given medication that you feel will adversely affect him or her, or that a member of the medical team has not explained to you
- If your child is receiving treatment or medication that you feel is intended for another patient or you believe is different from what your doctor ordered
- If you feel there's something wrong with your child's condition, and you feel the medical team isn't addressing your concerns, you should call Condition Help

2. Tell the Operator:

- Your name and relation to the patient
- The patient's name
- The patient's room number

3. Operator to Activate Condition Help Response Team

- Operator to page Nursing Administrator on call for Condition Help
- Operator to page Physician on call for Condition Help (this physician cannot be a physician actively involved in the current medical care of the patient)
- Operator to page the Patient Representative during standard business hours

4. Condition Help Response

Team Member	Role & Responsibilities
Physician	Evaluates the patient's medical record, assesses the patient's clinical status
Nursing Administrator	Meets and interviews the staff; contacts additional resources to attend the response; ensures a plan is developed with the staff and communicated; ensures appropriate documentation
Patient Representative	Gains further insight into the family's perception; service recovery; identifies opportunities for improving communication; supports family's emotional needs

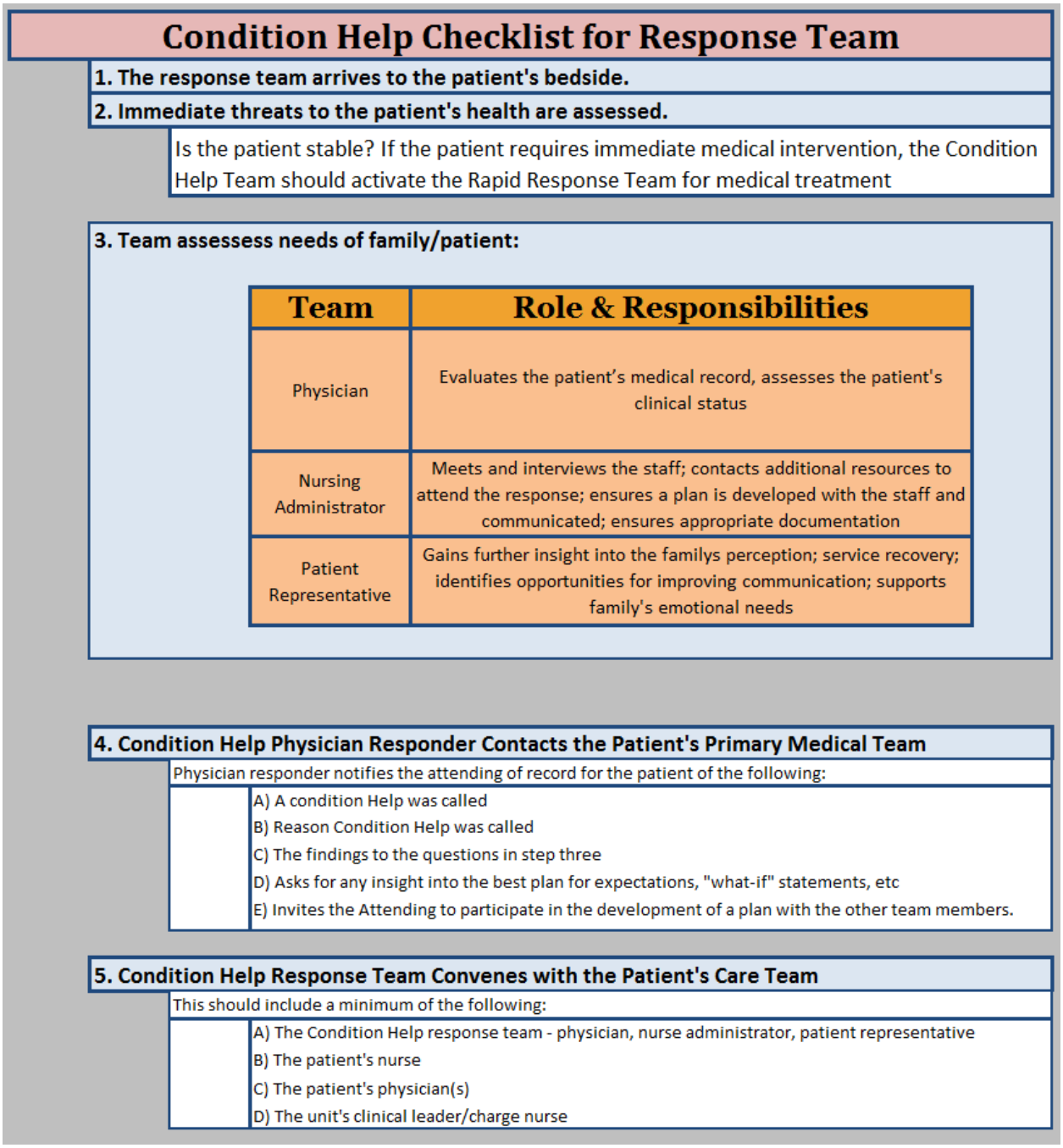
5. Develop plan with the Condition help team

- Ask questions/voice concerns
- Work with the Condition Help Team to develop next steps/plan of care
- Learn what to do and who to call if you have concerns after the team leaves

6. Participate in Debriefing and Follow Up

- 2-4 hours post Condition Help with Nursing Administrator

Figure 2: Provider checklist for responding to a "Condition Help."



Condition Help Checklist for Response Team

1. The response team arrives to the patient's bedside.

2. Immediate threats to the patient's health are assessed.

Is the patient stable? If the patient requires immediate medical intervention, the Condition Help Team should activate the Rapid Response Team for medical treatment

3. Team assessess needs of family/patient:

Team	Role & Responsibilities
Physician	Evaluates the patient's medical record, assesses the patient's clinical status
Nursing Administrator	Meets and interviews the staff; contacts additional resources to attend the response; ensures a plan is developed with the staff and communicated; ensures appropriate documentation
Patient Representative	Gains further insight into the familys perception; service recovery; identifies opportunities for improving communication; supports family's emotional needs

4. Condition Help Physician Responder Contacts the Patient's Primary Medical Team

Physician responder notifies the attending of record for the patient of the following:

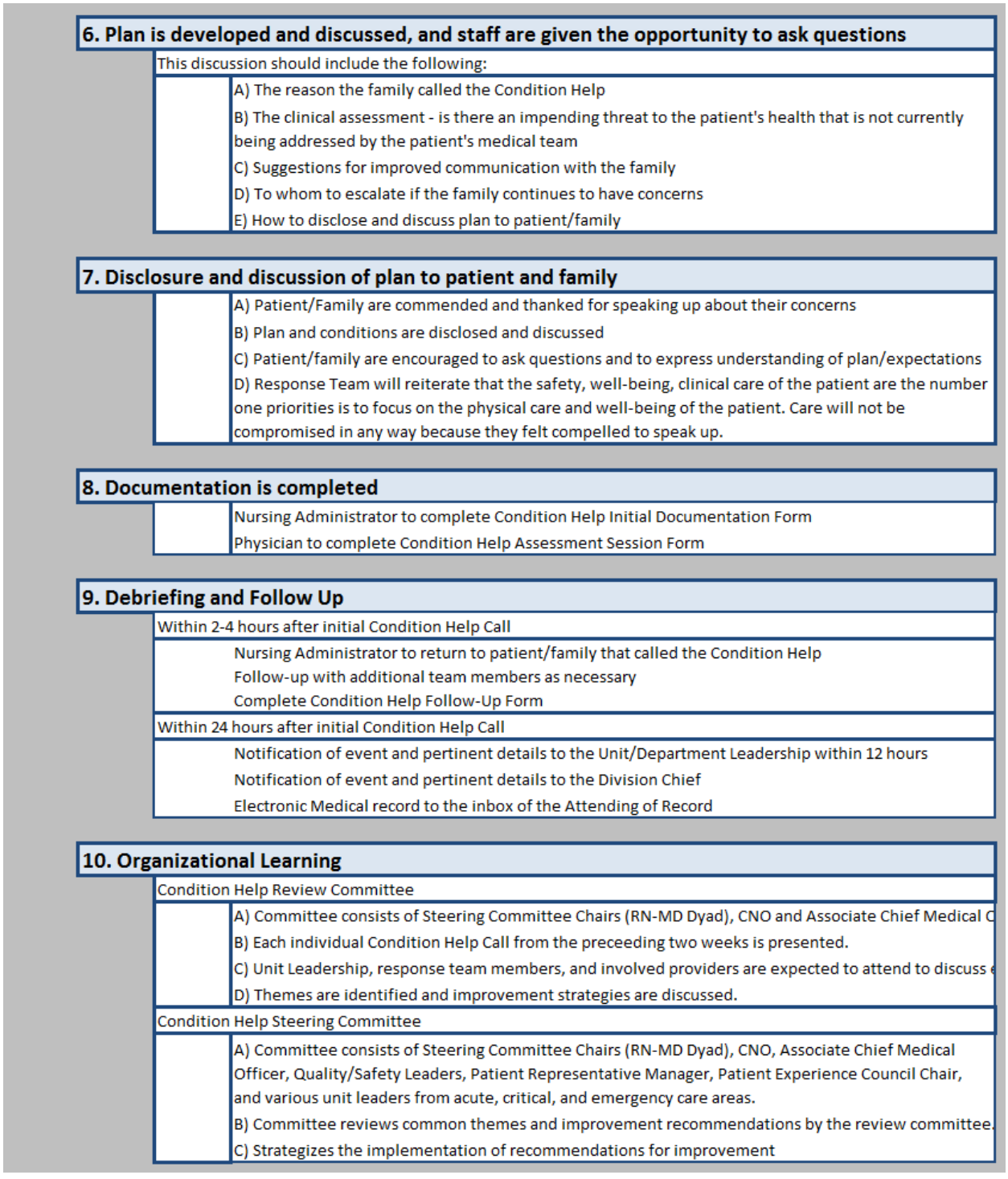
A) A condition Help was called
B) Reason Condition Help was called
C) The findings to the questions in step three
D) Asks for any insight into the best plan for expectations, "what-if" statements, etc
E) Invites the Attending to participate in the development of a plan with the other team members.

5. Condition Help Response Team Convenes with the Patient's Care Team

This should include a minimum of the following:

A) The Condition Help response team - physician, nurse administrator, patient representative
B) The patient's nurse
C) The patient's physician(s)
D) The unit's clinical leader/charge nurse

Figure 2 (cont): Provider checklist for responding to a "Condition Help."



6. Plan is developed and discussed, and staff are given the opportunity to ask questions

This discussion should include the following:

- A) The reason the family called the Condition Help
- B) The clinical assessment - is there an impending threat to the patient's health that is not currently being addressed by the patient's medical team
- C) Suggestions for improved communication with the family
- D) To whom to escalate if the family continues to have concerns
- E) How to disclose and discuss plan to patient/family

7. Disclosure and discussion of plan to patient and family

- A) Patient/Family are commended and thanked for speaking up about their concerns
- B) Plan and conditions are disclosed and discussed
- C) Patient/family are encouraged to ask questions and to express understanding of plan/expectations
- D) Response Team will reiterate that the safety, well-being, clinical care of the patient are the number one priorities is to focus on the physical care and well-being of the patient. Care will not be compromised in any way because they felt compelled to speak up.

8. Documentation is completed

- Nursing Administrator to complete Condition Help Initial Documentation Form
- Physician to complete Condition Help Assessment Session Form

9. Debriefing and Follow Up

Within 2-4 hours after initial Condition Help Call

- Nursing Administrator to return to patient/family that called the Condition Help
- Follow-up with additional team members as necessary
- Complete Condition Help Follow-Up Form

Within 24 hours after initial Condition Help Call

- Notification of event and pertinent details to the Unit/Department Leadership within 12 hours
- Notification of event and pertinent details to the Division Chief
- Electronic Medical record to the inbox of the Attending of Record

10. Organizational Learning

Condition Help Review Committee

- A) Committee consists of Steering Committee Chairs (RN-MD Dyad), CNO and Associate Chief Medical C
- B) Each individual Condition Help Call from the preceeding two weeks is presented.
- C) Unit Leadership, response team members, and involved providers are expected to attend to discuss
- D) Themes are identified and improvement strategies are discussed.

Condition Help Steering Committee

- A) Committee consists of Steering Committee Chairs (RN-MD Dyad), CNO, Associate Chief Medical Officer, Quality/Safety Leaders, Patient Representative Manager, Patient Experience Council Chair, and various unit leaders from acute, critical, and emergency care areas.
- B) Committee reviews common themes and improvement recommendations by the review committee.
- C) Strategizes the implementation of recommendations for improvement

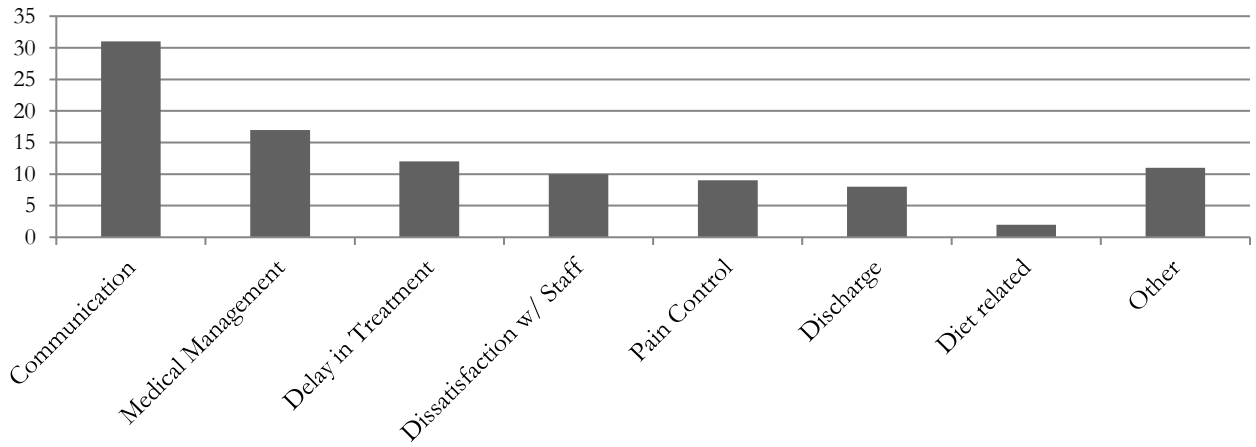
The "Condition Help" program was designed around an understanding that medical care occurs within a complex system with multiple stakeholders. Therefore, perceived or actual breakdowns in medical care can occur at multiple levels within the system and require a holistic team of evaluators. For this reason, when a family calls a "Condition Help," their child is evaluated by a triad of stakeholders – physician, nurse and patient representative – to fully assess the barriers and create positive change. The physician represents the medical decision-making facet of patient care, and their perspective is essential for providing medical knowledge and assessing safety. The nurse represents ongoing patient care and is instrumental in assessing work flow barriers. The patient representative represents the psychosocial stress that is central to a family in crisis. Together, the" Condition Help" team becomes a sounding board and voice for the patient and family.

The initial step for the "Condition Help" team is to listen to parental concerns as a unified team. The next step is to identify issues that endanger safety or reflect a clinical change in patient status. Once there is an environment of safety, the team works to better understand breakdowns in communication or education that have led to dissonance between the family and the medical team. Then, the "Condition Help" team works to create a clear line of communication between the medical team and family with a plan of action steps that can lead to effective change. Next, each case is followed up by a clinical nursing leader within 2-4 hours to assess the efficacy of the action step and reassess if further change is needed. A follow up email communication is sent to the attending faculty physician and division chief within 24 hours of the event to alert them of the event. Finally, the "Condition Help" steering committee, comprised of unit nursing leaders, physicians, patient representative, chief medical resident chief nursing officer and associate medical officer review each case individually to identify the root causes, gain, consensus on the categorization of the event for tracking purposes and discuss any organizational system changes that need to be made to help prevent reoccurrence of the events.

Results

Since the introduction of the "Condition Help" program in 2005, there have been 608 family activated rapid response calls. In the first 3 years, the program facilitated less than 30 calls per year. With increased advertisement through admission education, patient education videos and signage in every room, the numbers of calls have increased to an average between 50-70 calls per year (12,000 admissions per year, 8000 observation status per year & 80,000 emergency department visits; global incidence 0.07% of eligible patient encounters).
The reasons for calls have varied and included most prominently: communication (31%), medical management (17%), delay in care (12%) and pain control (10%) (Figure 3). The prominent call distribution focuses on communication and point of care concerns in 70% of total calls, which strengthens the program's resolve on the use of family engagement to improve patient care. In contrast, the concern for over use of the system for non-medical concerns such as delay in food delivery or temperature control of the room only encompassed < 2% of total calls. Furthermore, the concern that families would overuse the system was not seen. There were 514 individual families who called the 608 "Condition Helps." This represents a 14% repeat call rate but the majority represent only one repeat use of the system as only 3% of families had made at least 3 calls and only 1% families made at least 4 calls. Once again, this demonstrates that the system was used to improve communication in isolated scenarios rather than as a "leverage" tool used by families. The timing of calls is predominantly in the evening hours (3pm-11pm), with 75% of calls occurring during these times.

Figure 3: Categories of "Condition Help" calls by percentages of total calls.



The distribution of calls between services demonstrates a relative congruence with percentage of patient encounters. General pediatrics admits 28% of hospital admissions per year and had 20% of "Condition Help" calls while surgical services admits 27% of hospital admissions per year and had 30% of "Condition Help" calls (Table 1). The exceptions were in the intensive care unit (14% of hospital admissions and 8% of calls) and emergency department (80,000 encounters and only 7% of calls). The decreased proportion of call to encounters in these two locations could be related to decreased provider to patient ratios and proximity of providers to patients

Finally, in the ten-year period of "Condition Help," there have only been four serious "near misses" (Table 2) averted through the family activated rapid response team. However, there is also an unmeasurable outcome of the Condition Help system. As seen with other rapid response teams, the hospital has developed of a culture of pre-condition evaluation. The "Condition Help" culture has enhanced communication by raising the importance of family concerns, and the desire to avert a "Condition Help" prompts early evaluation by the primary team to address these concerns. Ultimately, the goal of the "Condition Help" team is not to provide a second opinion but rather to promote family engagement in patient care. Therefore, the culture of "pre-Condition Help" is a success of the intervention.

Table 1: A comparison of the distribution of "Condition Help" calls between divisions in relation to percentage of hospital admissions.

Service Grouping	Percentage Admissions	Percentage "Condition Help"
General Pediatrics	28%	22%
Subspecialty Pediatrics	30%	28%
Surgical Services	28%	32%
Intensive Care Unit	14%	8%
Outpatient Services (ED, Labs, Radiology)	Not Applicable	10%

Table 2: Description of four near miss case over the last 10 years of "Condition Help" calls.

Background	Reason for call	Intervention
5 y boy with Cokayne syndrome POD 4 from orthopedic procedure (femoral osteotomies and hamstring lengthening) on orthopedic surgery service	Parents concerned with generalized swelling	Transferred to General Pediatric Service and found to have liver dysfunction with anasarca and hypo-albumin
16 y boy admitted with necrotizing pancreatitis with sub-occlusive splenic thrombosis to surgical service	Family concerned about dropping hemoglobin from an admission value of 11.8 to 7.2 on HD 4. Also noted to have hypoxia and tachycardia	Physician responder believed child was symptomatic from acute anemia and recommended blood transfusion
10 y girl with IDDM and asthma admitted for asthma exacerbation to the allergy/immunology service	Mother concerned about management of diabetes as patient's MBG was 476 and positive ketones in her urine	Physician called endocrinology and initiated an insulin infusion for early DKA
5 y girl with short gut syndrome and TPN dependency admitted to transplant service	Family noticed that TPN was different then baseline with increased potassium and noticed events on monitor	

Families have echoed the value of "Condition Help" on post-event surveys, with 98% of families reporting that the response was timely (response within 5 minutes of the call) and > 90% of families stating that the response team resolved their concern. Families recognize their concerns are taken seriously with a rapid response and they are offered an efficacy tool to help resolves their concerns. Families commented that the value of the "Condition Help" team was found in "actually having someone hear me out and understand," "assist in coordinating care," and providing "reassurance." Once again, families confirm the importance of engaging the family in the care of their child. Overall, families described the result of the "Condition Help" team as "exceeded expectation" and reflected "the level of care in Pittsburgh as superb."

Discussion

"Condition Help" is a family-activated RRT developed to give families an outlet to communicate concern for the care of their loved one. The goal is to move care forward to prevent bad outcomes and promote family engagement. The experience of "Condition Help" at Children's Hospital of Pittsburgh of UPMC has been to improve communication and safety in the individual patient encounter. It has also illuminated unseen system holes, such as care conferences with multiple consults, operating room "add on schedule" delays and triage errors in prolonged emergency department waiting room times. Furthermore, the program has impacted the culture of the hospital to have a "pre-Condition Help" awareness that brings early attentiveness to family concerns.

As a response to the "Condition Help" experience, Children's Hospital of Pittsburgh of UPMC physician and nursing leadership acted and planned initiatives to improve communication with our patients and families:

- A resident communication class was developed to enhance resident skills when communicating with patients and families.
- RN handoff was revised to leave the traditional report room and take place at the bedside with both the off-going and oncoming RNs and encourages the family to participate.
- Family Centered Rounds (FCR) are used by our general pediatric divisions and our intensive care settings to promote a time for patients, families, physicians and nursing to work together creating a patient/family centered approach to care.
- White boards found in each patient room have been enhanced and are used by staff, patients and families. Families can write questions for the rounding team and physicians update the plan, goals of care and estimated discharge on the white board.
- Notifications to Division Chief and Attending of record for every "Condition Help" call create an atmosphere of self-correction. The Division of General Pediatrics completed a needs assessment based on calls that supported the utility of FCR in preventing "Condition Help" and promoting family engagement.

Conclusion

"Condition Help" is a family activated rapid response team that focuses on the safety of patient care and improvement in communication between providers and families. The goal of "Condition Help" was to create a culture of family engagement, but it has also given a voice to family concerns and served as a resource for hospital administration to effect change. "Condition Help" is a successful program that brings awareness to family concerns and promotes a culture of family engagement and communication.

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