

Family-Initiated Rapid Response Team

Practice in Brief

Family members are empowered to request urgent assistance from caregivers not directly involved in a patient's case to address an unmet concern about a patient's condition.

Rationale

Family members are often most knowledgeable about a patient's typical behavior and health and may be able to detect subtle changes in patient status that are less visible to the care team. If care team members do not respond to family member concerns, non-optimal care can be delivered. Enabling families to directly access a new caregiver unfamiliar with the patient's case ensures clinicians hear and address concerns expressed about unmet patient needs.

Implementation Components

Component #1: Educate Staff and Family About Family-Initiated RRT

Ensure staff and families are knowledgeable about the Family-Initiated Rapid Response Team (RRT), including when and how families can activate the RRT.

Component #2: Establish In-the-Moment Prompts for Families

Provide families with in-the-moment prompts to ensure they can immediately access the RRT when needed.

Component #3: Hardwire Follow Up with Patient, Family

Ensure a trained individual follows up with families who call the RRT to confirm that all patient needs have been met.

Practice Assessment

This practice is foundational to elevating patient safety and the patient experience. It is recommended for all hospitals.

Nursing Executive Center Grades

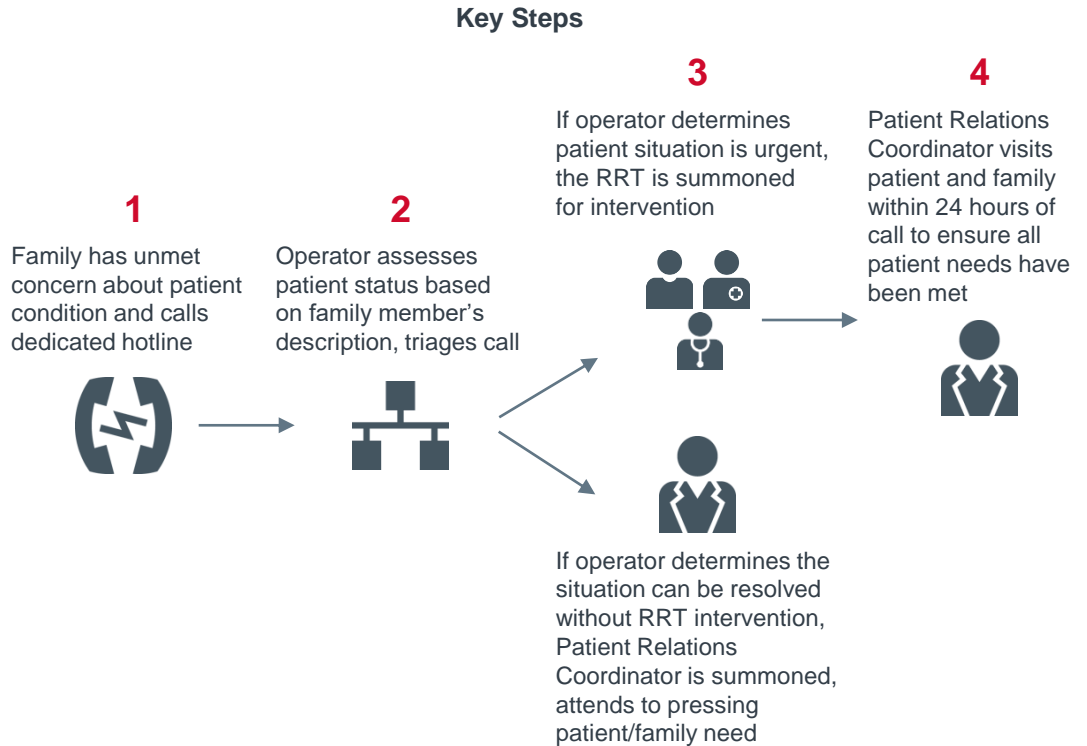
Practice Impact: A

Hospital Effort: B+

UPMC Shadyside was the first institution to implement a Family-Initiated Rapid Response Team, also known as Condition H. The practice has since spread to many institutions, including across the UPMC system.

The process of activating Condition H is shown to the right. However, leaders at institutions with strong Condition H programs acknowledge designing the process is the lesser challenge. A greater challenge is ensuring it is used appropriately by patients and family members. Achieving appropriate utilization of the Family-Initiated RRT hinges on the three components described on the following pages.

Family-Initiated Rapid Response at UPMC



Case in Brief: UPMC Health System

- 20-bed health system based in Western Pennsylvania
- Condition H introduced at Children's Hospital of Pittsburgh in September 2005, followed by UPMC Presbyterian; policy extended system-wide in 2008
- Key implementation steps included conducting interviews with patients to understand most pressing concerns, staff in-service and patient education sessions, communications to medical and hospital staff, simulation of mock Condition H
- Patients, families oriented to Condition H via program brochure, signs in patient rooms, stickers on telephones with hotline number, signage in public areas of the hospital
- 94% of patients report needs were met following family-initiated rapid response from October 2010 to October 2011

The first component of Family-Initiated Rapid Response Team is providing hospital staff with extensive upfront education about the Family-Initiated RRT.

UPMC Shadyside uses the document shown to the right to explain the process to admissions team members. The goal is to ensure hospital staff members do not react defensively to Family-Initiated RRT calls.

A complete version of UPMC's "Condition H Information Sheet for Admissions Team" can be accessed through an online version of this publication at www.advisory.com/nec

It is equally important to educate families about Family-Initiated RRT to ensure family members are well-informed about the RRT resource and process. Frontline staff at UPMC use the scripting shown to the right to explain the process to families on their units.

A complete version of UPMC's "Sample Scripting for Educating Families About Condition H" can be accessed through an online version of this publication at www.advisory.com/nec

Component #1: Educate Staff and Family About Family-Initiated RRT

Condition H Information Sheet for Admissions Team

What is it?

It is a "Condition Help" that patients/families can initiate in the case of:

- There is an emergency and you cannot get the attention of hospital staff
- You see a change in the patient's condition and the healthcare team is not recognizing the concern
- You have spoken to the hospital staff and you continue to have serious concerns about the patient's care
- There is a breakdown in how care is given, or uncertainty over what needs to be done

Who Responds?

Physician, Floor Nurse, ANC (Nursing Supervisor), and Patient Relations Coordinator (when in house)

Why at UPMC Shadyside?

At UPMC Shadyside Hospital we are building the hospital of the future with the help of patients and families we care for. We believe in team work and ask that families/patients be a part of the team when visiting loved ones.

Sample Scripting for Educating Families About Condition H

"I want to share information with you on the newest addition to our hospital's Rapid Response Teams. (May need to explain to them what a Rapid Response Team is and share that we have teams that come to patients' rescue when hospital personnel call condition A or C in clinical crisis situations). The new addition to the Rapid Response Teams is called a "Condition Help" that patients/families/visitors can initiate in the case of:"

"A change you (the patient/visitor) notice in your loved one's condition when you have tried to express it to the health care team and felt you weren't listened to. Condition H can also be called if there is a breakdown in how care is being given and confusion over what needs to be done or if patients/families have conflicts with what is happening. Condition H can also be called when an emergency occurs when you (patient or visitor) is/are unable to locate hospital personnel. A condition H can be called for those situations that you would call 911 for when at home. "Please try to locate hospital staff first, but if your attempts are unsuccessful, a condition H may be called."

The second component of the practice is establishing in-the-moment prompts for families to call the Family-Initiated Rapid Response Team when needed. While an upfront understanding of the Family-Initiated RRT is essential, without these prompts, families may struggle to remember how to access this resource. Effective in-the-moment resources include brochures (such as one shown here from Women and Infants Hospital of Rhode Island), posters, tent cards displayed on tables next to patients' beds, and reminders on Communication Boards.

Component #2: Establish In-the-Moment Prompts for Families

Women and Infants Hospital of Rhode Island Condition H Brochure

Inviting language encourages patients and families to activate the care team

Explains to families when and how to call, and what to expect following the call



Case in Brief: Women and Infants Hospital of Rhode Island

- 197-bed hospital located in Providence, Rhode Island
- Condition H implemented in 2009
- Received between five and ten calls since 2009; majority of calls pertain to breakdowns in communication

A full-sized version of Women and Infants Hospital's "Condition H Brochure" can be accessed through an online version of this publication at www.advisory.com/nec

The final step in this practice is hardwiring follow-up with the patient and family. A dedicated individual should follow up within a short timeframe with all families who call the RRT to ensure their concerns have been addressed. Staff at UPMC Shadyside use the form shown here to follow up with patients and families after a Family-Initiated RRT activation.

A full-sized version of UPMC Shadyside's "Condition H Follow-Up Form" can be accessed through an online version of this publication at www.advisory.com/nec

Component #3: Hardwire Follow-Up with Patient, Family

UPMC Shadyside's Condition H Follow-Up Form

6. Name of Caller: _____

7. Relationship to Patient :

Patient Family Friend

Staff Clergy Other

8. Nature of Call:

1. Medical Management 7. Delay in Care

2. Diet Related 8. Dissatisfaction with Staff

3. Psychosocial Issues 9. False Call/Cancelled

4. Discharge Planning Related 10. Communication Breakdown

5. Clarification of Orders 11. Allergy Related

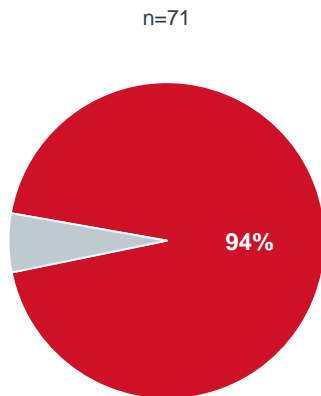
6. Pain Control/Medication Related 12. Other: _____

9. Briefly describe the happenings that occurred prior to initiation of Condition H:

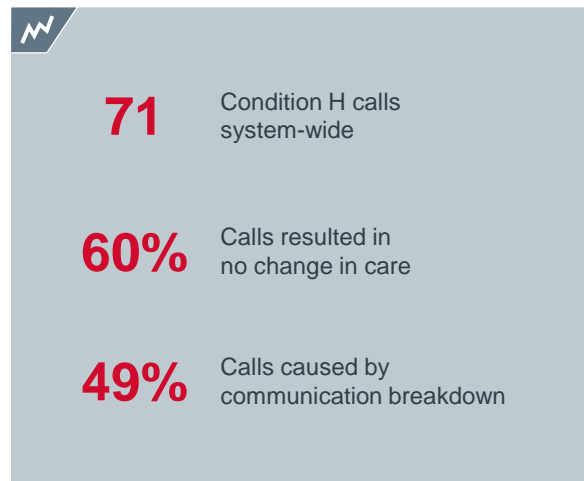
Recent results suggest Family-Initiated RRTs are supporting UPMC's patient safety and satisfaction efforts. Between October 2010 and 2011, 94% of patients reported their needs were met following a Condition H call.

Seeing Returns on Family Activation of the Care Team

Percentage of Patients Reporting Their Needs Were Met Following a Condition H Call



UPMC Condition H Utilization
October 2010 to October 2011



Source: UPMC, Pittsburgh, PA; Nursing Executive Center interviews and analysis.