Abstract: Condition HELP is a unique pediatric patient safety program that gives families an immediate voice in their child’s medical care. This patient safety endeavor allows parents to call a telephone number at any time—24 hours a day, 7 days a week—if they feel their hospitalized child’s immediate health is endangered. The Condition HELP call receives the same immediate attention as a life-threatening emergency, including deployment of a specialized rapid response team to the child’s bedside. This article presents a 2-year analysis of pediatric patient safety outcomes following the implementation of the program.

Key Words
patient safety pediatric healthcare rapid response team

Serious events within the healthcare industry occur daily, exposing the failure of the system to appropriately safeguard both patients and providers. Communication failures are a common cause of many inadvertent patient-harm incidents. The reasons for these incidents vary, but one significant cause involves clinical communication that is highly complex, fraught with ambiguity, and prone to error (especially during transitions of patient care and emergent situations). The tragic story of Josie King, an 18-month-old girl who died in 2001 from avoidable causes during hospitalization in a leading U.S. hospital (Snowbeck, 2004), has inspired efforts to improve the safety of care throughout the country and is an example of why deployment of rapid response teams might help prevent harm to hospitalized children. It is critically important for physicians, nurses, and other healthcare leaders to partner with patients and their families, encouraging them to be actively involved in the provision of care, in order to create an environment in which individuals can express concerns, thereby preventing potential unsafe situations from occurring.

As a reaction to the myriad of problems involving patient safety, a practical approach was designed by Children’s Hospital of Pittsburgh of the University of Pittsburgh Medical Center (UPMC). A multidisciplinary rapid response team named Condition HELP was implemented to give an early warning of potential gaps or problems related to care delivery. This endeavor empowers patients and parents to serve as an additional line of patient-safety defense against the occurrence of tragic or preventable medical errors. During the first 24 months of Condition HELP, communication breakdowns between patients, parents, and the care team was the common theme associated with all calls triggered by children and their parents.

Background
More than 5 years ago, the Institute of Medicine (IOM) released two landmark reports on healthcare safety and quality: To Err Is Human: Building a Safer Healthcare System (IOM, 2000) and Crossing the Quality Chasm: A New Health System for the 21st Century (IOM, 2001). These reports attributed 44,000–98,000 deaths annually to medical errors, adding $17 billion–$29 billion in annual costs to the U.S. economy. A subsequent study by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO; now the Joint Commission) reported that communication breakdowns were the root cause of more than 60% of 2,034 medical errors in the United States, of which 75% resulted in death (JCAHO, 2001). For instance, 18-month-old Josie King died as a result of multiple medical errors and communication breakdowns at Johns Hopkins Children’s Center in March 2001 (Institute for Healthcare Improvement [IHI], 2006). Effective communication and teamwork are essential elements in the delivery of high-quality, safe patient care. Communication failures are a common cause of inadvertent harm to patients (Leonard, Graham, & Bonacum, 2004).

In December 2004, IHI issued a challenge to the healthcare industry—to save 100,000 lives by June 2006 by implementing six specific clinical strategies (Berwick, Calkins, McCannon, & Hackbarth, 2006). One IHI intervention is the deployment of clinical rapid response teams who are charged with preventing cardiac arrest or facilitating early transfer of a patient to an intensive care unit where fast resuscitation...
efforts can begin, thus preventing adverse patient outcomes.

Children’s Hospital of Pittsburgh of UPMC has achieved positive results with its two long-established rapid response teams, Condition A (for dealing with emergent situations, including cardiopulmonary and respiratory arrests) and Condition C (for preventing a respiratory, cardiovascular, or neurological crisis or attending to the escalation of such a crisis), in early rescue and prevention of further physiological deterioration in acutely ill children. Recognizing the successes of Condition A and Condition C, the institution designed a third rapid response team to integrate patients and their families into the efforts to make patient safety a priority. To our knowledge, this team is one of the first pediatric healthcare teams to have successfully empowered hospitalized children and their families to trigger an alert for help if they recognize a problem or have a concern regarding care delivery. This innovative program was initiated by Josie King’s parents, Tony and Sorrel King, who advocate for uniformly balanced communication between parents and healthcare providers, constant awareness of the possibility of human and system(s) errors in the delivery of care, and the establishment of additional safeguards against medical errors. With their guidance and the funding assistance of the Josie King Foundation, Children’s Hospital of Pittsburgh launched Condition HELP, a proactive patient safety program, in September 2005.

Program

Upon a child’s admission to Children’s Hospital of Pittsburgh, the Condition HELP program is comprehensively explained by the admitting unit’s professional nurse assigned to the pediatric patient and his or her family. This information is reinforced with a Condition HELP brochure and a customized Condition HELP video that thoroughly explains the rationale for this integrated approach to patient safety, discussion of specific instances that might prompt a Condition HELP call, and elaboration of service-related issues that should not be managed with Condition HELP. In the verbal explanation by the admitting nurse, the brochure, and the video presentation, patients and families are asked to first voice concerns to their bedside nurse, physician(s), or both, before calling a Condition HELP. Examples of situations that might necessitate a Condition HELP call by a patient or his or her family are when:

- a noticeable medical change in a patient that is not addressed by the healthcare team occurs
- a breakdown in how care is being given occurs or uncertainty about a patient’s treatment is evident
- a patient receives medication that he or she or a family member feels will have an adverse effect or that a member of the medical team has not explained to the patient and his or her family
- a patient receives treatment or medication that he or she or a family member feels is intended for another patient or believes is different from what the doctor ordered.

Condition HELP calls receive the same immediate attention that life-threatening emergencies attended by Condition A (arrest) or C (crisis) rapid response teams receive at Children’s Hospital of Pittsburgh. The telephone number for Condition HELP is clearly identified on the informational brochure given to patients and their families and is posted in the patient’s room. When the hospital operator answers a Condition HELP call, the individual placing the call is asked to identify himself or herself and give the patient’s name and room number. Activation of a Condition HELP by a family member can occur either internally (at the hospital) or externally (from a family’s home).

A patient or family member may trigger a Condition HELP 24 hours a day, 7 days a week, to summon a multidisciplinary care team to the patient’s bedside. The Condition HELP team (consisting of a physician, a nursing supervisor, and a patient advocate) evaluates the child’s status and addresses patient and family concerns. If physical status changes are identified by any member of the Condition HELP team, the situation is escalated to either a Condition A (cardiopulmonary arrest) or a Condition C (a crisis that might result in imminent arrest), summoning rapid response from that specific emergency team. The team uses the SBAR (Situation, Background, Assessment, Recommendation) communication technique (Haig, Sutton, & Whittington, 2006) in its documentation of the Condition HELP call so that the team can quickly and succinctly capture salient information and relay developments to the child’s attending physician. Each Condition
HELP incident is thoroughly reviewed or “debriefed” by the responding team members (typically within a 5-day period after the call) for appropriateness and identification of potential patient safety lessons learned. A broad-based steering committee coordinates and governs the Condition HELP program. The steering committee consists of the chief medical officer, chief nursing officer, chief quality officer, patient representative, physician chair of the hospital residency program, a chief resident, two nursing patient-service managers, a nursing director, and two parent participants.

Condition HELP is a unique pediatric patient- and family-based program that is modeled on the concept of the rapid response team.

Results
From September 2005 (the time of the project launch) through August 2007, the Condition HELP team at Children’s Hospital of Pittsburgh responded to 42 calls from patients and parents. The calls were related to concerns in these categories:

- management, coordination, or plan of care (15 calls)
- medication and pain control (9 calls)
- discharge (6 calls)
- dietary status (6 calls)
- delays in service or amenities (6 calls).

The basis or root cause of each of these 42 calls stemmed from a communication breakdown between a patient or parent and the caregiver (physician or nurse) involved.

Discussion
In 2000, IOM called for a national effort to make healthcare delivery safer (IOM, 2000). This IOM report, titled To Err Is Human: Building a Safer Health System, altered the national healthcare delivery focus to one of changing systems, stimulating a broad array of stakeholders to engage in patient-safety initiatives and motivating hospitals to adopt new safe practices (Stelfox, Palmisani, Scurlock, Orav, & Bates, 2006). A 2001 IOM report, Crossing the Quality Chasm: A New Health System for the 21st Century, established patient-centered care as one of its six aims for the healthcare system (IOM, 2001).

Condition HELP is a unique pediatric patient- and family-based program that is modeled on the concept of the rapid response team. It accordingly provides patients and families with a mechanism to alert a specialized team to come to the bedside immediately in order to assess and find solutions to a situation of concern. Findings over the past 24 months for Condition HELP establish that communication breakdown between clinicians and patients and their families is the basis of calls to date. A few of the positive process improvement changes that have occurred at Children’s Hospital of Pittsburgh as a direct result of a particular Condition HELP call include the following:

- verbalization between radiology staff, unit staff, and patients and their families of realistic expectations. Time delays are now the rare exception, and patient and family satisfaction has dramatically increased.
- verbal discussion of the patient’s pain management plan between pediatric surgical subspecialty physicians and the patient’s family at three intervals in treatment: immediately postoperatively, when changes to the plan occur, and at transfer or discharge.
- creation of a discharge plan beginning at the time of admission that evolves through hospitalization with active involvement and participation by the patient and family.
- daily “patient rounds,” involving patients and families to further enhance patient- and family-centered care.

Conclusion
Communicating effectively with patients and families is critical to reducing errors. This effort focuses on ensuring that patients and families have access to relevant information and understand the medical information and care plans. It also involves providing consistent information, actively listening to patients and families, and fixing communication breakdowns in hand-offs and among consulting and attending services. Medical care is extremely complex, and inherent human performance limitations exist even among skilled, highly motivated caregivers; mistakes do occur. Programs like Condition HELP provide an additional safeguard for pediatric patients by empowering families in this patient-safety partnership. Although still early in the development process, Children’s
Hospital of Pittsburgh’s inaugural pediatric patient-safety program, Condition HELP, shows great promise in both enhancing patient safety and improving the healthcare environment for clinicians, patients, and families.

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References

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