

Office Use Only

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



Addressograph

Page 1 to be completed by PRC on day of Condition H
 Page 2 to be completed with help of PRC day following Condition H

- Date of Condition H: ____/____/____
- Time of Condition H: ____:____ (Use 24 hour clock)
- Location of Condition H:

<input type="checkbox"/> 3 East	<input type="checkbox"/> 4 East	<input type="checkbox"/> 5 Main	<input type="checkbox"/> 6 Main	<input type="checkbox"/> 7 Main	<input type="checkbox"/> CTI CU
<input type="checkbox"/> 3 Main	<input type="checkbox"/> 4 Main	<input type="checkbox"/> 5 West	<input type="checkbox"/> 6 West	<input type="checkbox"/> 7 West	<input type="checkbox"/> NSI CU
<input type="checkbox"/> 3 PAV	<input type="checkbox"/> 4 PAV	<input type="checkbox"/> 5 PAV	<input type="checkbox"/> 6/7 PAV	<input type="checkbox"/> ED	<input type="checkbox"/> MI CU/CCU

 Off Unit, specify: _____
 SI CU
 Flex ICU
- Service: _____ Teaching Yes No
- List names and positions of response team members:

- Name of Caller: _____
- Relationship to Patient:

<input type="checkbox"/> Patient	<input type="checkbox"/> Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Staff	<input type="checkbox"/> Clergy	<input type="checkbox"/> Other

 Other, specify: _____
- Nature of Call:

<input type="checkbox"/> 1 Medical Management	<input type="checkbox"/> 7 Delay in Care
<input type="checkbox"/> 2 Diet Related	<input type="checkbox"/> 8 Dissatisfaction with staff
<input type="checkbox"/> 3 Psychosocial Issues	<input type="checkbox"/> 9 False Call/Cancelled
<input type="checkbox"/> 4 Discharge Planning Related	<input type="checkbox"/> 10 Communication Breakdown
<input type="checkbox"/> 5 Clarification of Orders	<input type="checkbox"/> 11 Allergy Related
<input type="checkbox"/> 6 Pain Control/Medication Related	<input type="checkbox"/> 12 Other: _____
- 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: ____/____/____

Addressograph

	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1
12. I felt I was given clear direction regarding Condition H					
13. I felt comfortable calling a Condition H.					
14. When I/my family called a Condition H, I/we felt my/our needs were met.					
15. I felt my needs or the needs of my loved one were met post Condition H call.					

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 patients 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.