



Pittsburgh Regional Healthcare Initiative

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Condition C at UPMC McKeesport

Leaders to staffers: "Thank you for calling for help"

A nurse notices that a patient's condition is deteriorating, just a little at first, then a little more. Should he call a *Condition C* for urgent help, summoning an emergency team to intervene? What if the patient continues in distress? On the other hand, what if the team responds and the call is deemed a "waste of time?"

During clinical root cause analysis, a physician, nurse and administrative leaders at UPMC McKeesport discovered that nurses may be reluctant to call for help. This reluctance, common in most hospitals, occasionally caused patients to endure needless suffering, even death.

The problem confronting the team required a cultural change in the institution, making it "safe" to call for help early. That's a tall order. Borrowing on ideas developed by UPMC Presbyterian physicians Michael DeVita and Richard Simmons, the leadership team used creative ways to implement a new code plan.

Changing the culture to allow early calls for help required engaging staff intellectually, emotionally and professionally. Beginning in 2000, the pioneers at McKeesport worked toward their goal on a number of fronts:

- ✧ Through personalized learning packets that include data, case studies and humor, learning leaders taught hospital staff about the importance of calling for help using the new *Condition C Plan*. The plan laid out specific clinical parameters. The packet states, "When you call this [Code C] emergency, everyone arrives and it is determined how the problem can be rectified. Thus you have achieved the ultimate purpose of the plan. It was not a wasted call or time wasted."
- ✧ To reinforce the learning, senior nursing leaders responded every time a Code C was called. They thanked the nurse for calling the code, reviewed the situation, and ensured that each call

for help was treated with complete respect.

Initially, the number of Code Cs remained at around 8 per month. But as the staff saw first-hand the plan's effectiveness, calls increased to about 30 per month.

The rise corresponded with an increase in survival for patients.

Now that staff are comfortable calling *Condition C*, senior nursing leaders have begun responding to "physician stat" emergency calls, which summon one physician. They seek to learn whether these calls might be better handled as *Condition Cs*, summoning a team.

UPMC McKeesport's *Condition C* program was recently recognized by Joint Commission Resources as a "field best practice". At JCR's request, UPMC McKeesport leaders have presented the concepts of *Condition C* and tools for rapid culture change nationally. ❧



FOR FURTHER INFORMATION

"Condition C" learning packets will be available at PRHI's Infection Control and Medication Safety Advisory Committee meetings. Call Heidi Norman, 412-647-0672. For further information on the program, contact UPMC McKeesport staffers:

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