**Patient Satisfaction with "Condition O" Emergency Care**

Abstract Type: Original Research  
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**Background:** "Condition O" is a single operator dispensed batch emergency call system to activate responders for urgent situations. It was implemented for emergent fetal and/or maternal conditions in 2005 at Magee-Womens Hospital. Implementation was to overcome interdisciplinary communication barriers and emulate success of similar medical emergency teams (MET) which are single call systems that have been successfully used for general medical, surgical, and pediatric patients. One aim was to encourage staff to obtain extra help efficiently and any staff can call it. It is designed to help treat acute situations in which immediate action/evaluation is needed to avoid fetal and/or maternal harm. The most common situations that it has been called for are non-reassuring fetal heart rate situations and post-partum hemorrhages. Response times and efficiency of care have improved since implementation, but there remains a concern about the reaction of the patients and their families to large numbers of responders suddenly appearing at a delicate and personal time in their maternal-fetal care.

**Design:** Because the process of delivering emergency obstetric care by the use of a rapid response team is remarkably similar to the care delivered in the ICU setting, we chose to modify a validated tool known as the Family Satisfaction in the Intensive Care Unit questionnaire (FS-ICU) in order to measure patient and family satisfaction following emergent obstetric crisis. Initial questionnaire administration is within 48 hours, with an optional repeat administration for reliability within 24 hours after the initial emotional reaction is over and the questionnaire tool is validated. There is a separate patient and family satisfaction survey graded on a 5 point likert scaling system (1 = excellent, to 5 = very poor, or the equivalent). Survey topics include: caregiver concern for patient, coordination of care, pain assessment and management, competency of physicians and nurses, atmosphere of facilities, communication, and a separate question relating to patient anxiety and control of care. Some patients have refused to do the repeat reliability questionnaire.

**Results:** To date 25 patients and families have been surveyed. All median responses by patients and families have been in the 2 range, thus positive in nature. Most common responses to the anxiety and control of care questions have been "I felt really frightened but reassured that care was coming" and indications that they felt that the healthcare system did take control of their care.

**Conclusion:** The questionnaire is a modality to improve patient emergency care and to elicit patient concerns over their care. To date the patient response has been positive to the use of the Condition O response team care at our hospital. Further implementation of the response team and the survey is ongoing.