



Minnesota Hospital Association

Plain Language Emergency Overhead Paging

Implementation Toolkit

PATIENT SAFETY TOOLKIT



Minnesota Hospital Association

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To Minnesota Hospitals:

As chair of the Minnesota Hospital Association (MHA) Patient Safety Committee, I am pleased to share MHA's recommendation for emergency overhead paging. Based on MHA's core principles of being transparent with patients and families and increasing patient safety by standardizing safety practices across hospitals throughout Minnesota, MHA recommends that all Minnesota hospitals adopt plain language for emergency overhead pages. Each hospital will need to determine which codes they will overhead page and what plain language is appropriate for their hospital. No timeline was established, as each hospital will need to determine the appropriate implementation timeline.

MHA conducted a member survey and found significant variation among Minnesota's 145 hospitals. Based on the science of patient safety, this variation can be a contributing factor that can lead to adverse events. As of September 2010, there were 22 different codes for patient abduction; 18 different codes for a security alert; code green indicated 4 different emergencies, and code yellow had 5 different meanings. I have served on the Medical Staff of five different hospitals during my career, and I must admit I never knew all the "color codes" at any of the five. I don't think this level of ignorance is unique to me. The clear language policy offers a more practical and sustainable approach.

Minnesota hospitals are committed to patient safety and transparency to patients and families. However, MHA understands that each hospital is at a different place in regard to the use of overhead paging. In fact, some hospitals are committed to reducing noise for patients and are minimizing overhead paging by communication through other means. On the other hand, some hospitals have long established overhead page codes and this will be a process over time. The process may include incorporating plain language with current code, with the end goal to phase out color or name codes with plain language.

With critical input from emergency professionals and the state hospital preparedness coordinators, MHA has developed the following principles to guide implementation on plain language:

1. This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate use of plain language with overhead paging. Some hospitals may choose to incorporate plain language with existing codes. Others may decide to transition to all plain

language overhead pages. The goal is to have Minnesota hospitals use as much plain language as appropriate for each facility.

2. Use of plain language will reduce confusion for health care professionals working in more than one hospital, which could otherwise lead to a potential delay in care or a patient safety event.
3. This initiative is not meant to be prescriptive, rather suggested scripting is included in this toolkit. Each facility will need to determine which plain language they will use for overhead pages.
4. Transparency with patients and families is a top priority of MHA and members. Use of plain language for overhead paging is consistent with this priority, in addition to recommendations from the Hospital Incident Command System. Each hospital will need to determine which codes are appropriate for overhead paging considering their patient population.
5. This initiative aims to reduce variation among all 145 hospitals throughout the state, including rural and urban.
6. Minnesota's approach aims to be as consistent as possible with bordering states.

We hope that the resources in the MHA Emergency Overhead Paging Toolkit will assist you on this important journey.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Mulder, M.D.", written in a cursive style.

Steve Mulder, M.D.
Chair, MHA Patient Safety Committee
CEO, Hutchinson Medical Center

MHA's Recommendation for Emergency Overhead Paging

Executive Summary

Patient safety is a top priority for Minnesota hospitals and the Minnesota Hospital Association. We accomplish this in several ways, one which will now include reducing noise by minimizing overhead paging and using plain language when overhead pages are utilized. MHA recommends that all Minnesota hospitals adopt plain language for emergency overhead pages. Each hospital will need to determine which codes they will overhead page and what codes they will communicate by other means or technology.

The use of plain language is consistent with MHA's core principles of being transparent with patients, families, and health care professionals. MHA understands that each hospital is at a different place in regard to the use of overhead paging, therefore no timeline was established, as each hospital will need to determine the appropriate implementation timeline. In fact, some hospitals are well on their way to reduce the number of overhead pages in order to reduce noise for patients, families, and staff. On the other hand, some hospitals have long established overhead page codes and this will be a process over time. The process may include incorporating plain language with current code, with the end goal to phase out color or name codes with plain language.

In September of 2010, MHA conducted a member survey and found significant variation among Minnesota's 145 hospitals: 22 different codes for patient abduction; 18 codes for security alert; code green indicated 4 different emergencies, and code yellow had 5 different meanings. Often, staff do not know all the "color or name codes."

Based on the science of patient safety, variation of policies, procedures and practices can be a contributing factor leading to adverse events. Reducing this variation by standardizing patient safety practices across hospitals has the opportunity to reduce confusion among health care professional that work in more than one location. In fact, a Minnesota health care professionals could not recall which code to call when she was urgently delivering a baby in the lobby of a hospital and wishes she could have just said 'medical emergency.'

With critical input from emergency professionals and the state hospital preparedness coordinators, MHA has developed the following principles to guide implementation on plain language:

1. This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate use of plain language with overhead paging. Some hospitals may choose to incorporate plain language with existing codes. Others may decide to transition to all plain language overhead pages. The goal is to have Minnesota hospitals use as much plain language as appropriate for each facility.

2. Use of plain language will reduce confusion for health care professionals working in more than one hospital, which could otherwise lead to a potential delay in care or a patient safety event.
3. This initiative is not meant to be prescriptive, rather suggested scripting is included in this toolkit. Each facility will need to determine which plain language they will use for overhead pages.
4. Transparency with patients and families is a top priority of MHA and members. Use of plain language for overhead paging is consistent with this priority, in addition to recommendations from the Hospital Incident Command System. Each hospital will need to determine which codes are appropriate for overhead paging considering their patient population.
5. This initiative aims to reduce variation among all 145 hospitals throughout the state, including rural and urban.
6. Minnesota's approach aims to be as consistent as possible with bordering states.

As you journey down this important road, hospitals should convene a team to evaluate use of plain language with overhead paging. Each hospital will need to determine which emergency situations and the level of the emergency that need to reach the patient's and all staff's awareness. Some do not reach that level and may be communicated through other means to the appropriate staff that need to respond to the emergency situation. MHA hopes that the resources and case examples in the MHA Emergency Overhead Paging Toolkit will assist you on this important endeavor.

MHA Emergency Overhead Paging Principles

Principles:

1. This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate use of plain language with overhead paging.* Some hospitals may choose to incorporate plain language with existing codes. Others may decide to transition to all plain language overhead pages. The goal is to have Minnesota hospitals use as much plain language as appropriate for each facility.
2. Use of plain language will reduce confusion for health care professionals working in more than one hospital, which could otherwise lead to a potential delay in care or patient safety event.
3. This initiative is not meant to be prescriptive, rather suggested scripting is included in this toolkit. Each facility will need to determine which plain language they will use for overhead pages.*
4. Transparency with patients and families is a top priority of MHA and members. Use of plain language for overhead paging is consistent with this priority, in addition to recommendations from the Hospital Incident Command System.⁽ⁱ⁾ Each hospital will need to determine which codes are appropriate for overhead paging considering their patient population.*
5. This initiative aims to reduce variation among all 145 hospitals throughout the state, including rural and urban.
6. Minnesota's approach aims to be as consistent as possible with bordering states.

*** Considerations/issues to consider when hospitals evaluate which codes/scripting to overhead page:**

1. Certain emergency situations need to be heard by all building occupants, and some situations require only certain staff to hear situation/page.
2. Some pages deem a response from all staff.
3. Some hospitals have easily excitable patients (e.g., behavioral patients).
4. Some pages (e.g., fire, weather, abduction) should have follow-up action/instructions for patients/staff/visitors. Each hospital will need to determine which is appropriate for their facility.
5. Changes in current processes will require staff training/education.
6. Each hospital will need to determine which overhead pages they will use. They do not need to use all examples provided in this toolkit. These are for guidance and a starting point only.

(i) *“Keeping the patients and visitors properly informed is another important communication requirement. Providing them with insight on what happened and what the hospital is doing to address these issues can be done via overhead page announcements, personal reassurance from the staff, using the hospital television channel (if available) to provide the news, information updates strategically posted throughout the facility, and print material put on individual meal trays.”* — available from HICS guidebook at: http://www.emsa.ca.gov/HICS/files/Guidebook_Glossary.pdf

MHA Emergency Overhead Paging Plain Language Scripts

Emergency Alert	Plain Language
<p>Fire <i>Each facility needs to determine appropriate action for staff, patients, and visitors.</i></p>	<p>Fire alarm + location (and as appropriate, action for staff/patient/visitors.)</p>
<p>Medical Emergency <i>Plain language is recommended. However, if a code is to be used, it should be “code blue.” Code blue is the national standard for medical emergencies. Code blue teams are well established in hospitals and policies and practices are well engrained.</i></p>	<p>Medical emergency + location (and as appropriate, adult or pediatric.)</p>
<p>Abduction/Elopement <i>Each facility needs to determine appropriate action for abduction versus elopement.</i></p>	<p>Missing person (of any age) + descriptor (and as appropriate, action for staff/patient/visitors.)</p>
<p>Severe Weather <i>Each facility needs to determine appropriate action for staff, patients, and visitors.</i></p>	<p>Severe weather + descriptor (and as appropriate, action for staff/patient/visitors.)</p>
<p>Security Alert <i>It is recommended that each hospital convene a team to evaluate what security situations would be announced overhead or if other communication methods would be used such as email or silent page.</i></p> <ul style="list-style-type: none"> • Show of force – <i>facilities will need to determine at what point this situation would reach an overhead page or if it can be managed with other means of communication.</i> • Intruder – <i>facilities will need to determine at what point this situation would reach an overhead page or if it can be managed with other means of communication.</i> • Bomb threat – <i>facilities will need a process in place to determine a credible bomb threat and at what point the situation would deem an overhead page.</i> 	<p>Security alert + descriptor + location.</p>

Emergency Alert	Plain Language
<p>Disaster (internal or external emergency) (e.g., hazardous agent, mass casualty, biologic agent, evacuation, chemical spill, power outage, IT down)</p>	<p>Internal/external emergency + descriptor + <i>activate incident command system (if applicable.)</i></p>
<p>Rapid Response Team <i>Hospitals will need to evaluate having a separate rapid response team page or use the medical emergency code or other means of communication.</i></p>	<p>Rapid response team + location.</p>
<p>Stroke Team Activation <i>Hospitals will need to evaluate having a separate stroke team page or use the medical emergency code or other means of communication.</i></p>	<p>Stroke team + location.</p>
<p>Trauma Team Activated <i>Hospitals will need to evaluate having a separate trauma team page or use the medical emergency code or other means of communication.</i></p>	<p>Trauma team + location.</p>



Protecting, maintaining and improving the health of all Minnesotans

September 30, 2011

Lawrence Massa
President
Minnesota Hospital Association
2550 University Avenue West, Suite 350-S
St. Paul, MN 55114-1900

Dear Lorry:

I am writing to offer the Minnesota Department of Health's support for MHA's plain language emergency paging recommendations. MDH has been pleased to partner with MHA on a number of patient safety initiatives over the years, and shares MHA's commitment to promoting a culture of safety and reliability across all healthcare settings in Minnesota. Part of that work involves developing and implementing standardized processes wherever possible, and ensuring that patients, family members, and healthcare providers have the information they need in order to make good decisions.

Nationally, there are no standards for hospital code alerts. MHA's initiative to encourage adoption of plain language for emergency overhead pages will help to reduce confusion for healthcare providers who practice in multiple locations, which could otherwise lead to a delay in care or a patient safety event. This type of standardization will help us to increase transparency and safety in an important way. With the Wisconsin Hospital Association making a similar recommendation, to be effective starting in 2012, this is also an important opportunity to create a regional standard and consistency across state lines.

We appreciate MHA's strong leadership in patient safety, and look forward to continuing to collaborate on important issues like this.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward P. Ehlinger, M.D., M.S.P.H.
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

Reduction of Noise

Health care staff routinely must deal with the issue of elevated and excessive noise and its effect on patient safety. The hospital setting is one of the most complex work environments in health care and unfortunately, noise is unavoidable in this area. Various accrediting agencies (e.g., Joint Commission, National Integrated Accreditation for Health Care Organizations) address noise control in health care organizations. According to a consumer survey of more than 300 people, conducted by the Wisconsin Hospital Association, 94% of consumers felt that only staff should hear a medical emergency announcement and did not want that paged overhead.

Excessive noise is a distraction that interrupts patient care and potentially affects patients well-being and healing. Some hospitals in Minnesota and around the country are taking steps to reduce unnecessary noise in their facilities. Some steps they are taking is to reduce overhead paging to an absolute minimum to reduce the negative effect it can have on patients and families. With human factors in mind, there are several aspects of the built environment that should be considered. In a review of the literature, controlling the effects of noise is an element that was identified as critical in ensuring patient safety and quality care, based on the six quality aims of the Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21st Century*.

Woodwinds fosters a patient friendly environment to create a quiet environment by using paging system only for emergencies.

Hospital proactively reduces noise by reducing emergency overhead paging

When Woodwinds Hospital in Woodbury opened its doors in 2000, leaders had already decided they wanted to contribute to a healing environment for patients by minimizing noise. That meant the hospital would not use a traditional overhead paging system to page doctors or notify others of calls. Only overhead pages to announce some emergencies were allowed.

That policy has served Woodwinds well, said Cindy Bultena, chief nursing officer at the hospital.

“It was a little bit of a challenge initially, because physicians and leaders were so used to hearing that,” said Bultena, who was part of the design team that created the hospital. “But people have [individual] pagers and [cell] phones. It has grown to be an appreciated part of our patient environment — a more peaceful environment.”

Occasionally, Woodwinds does use the overhead paging system to let staff know that the computer system will be down, as well as to play 20 seconds of Brahms's lullaby whenever a baby is born. A chime also sounds whenever someone asks that others pray for them or for someone they know, Bultena said.

To help patient-care staff members communicate, the hospital uses Vocera, a badge-like device. Because Woodwinds rarely uses overhead pages, staff members realize codes are

only announced when a situation is serious, Bultena said. If a fire were to break out, instead of announcing the situation in plain language on the loudspeaker, Woodwinds staff would tell patients and visitors they need to move to a safe location. Staff would then usher people to the most appropriate places.

“It works very well,” Bultena said of the system. “When you hear it, you know something’s going on.”

Noise Reduction references/additional resources

- Beyea SC. Noise: a distraction, interruption, and safety hazard [Patient Safety First]. *AORN J*. 2007;86(2):281-285.
- Enhance the healing environment by reducing noise. *Environment of Care News*. 2005;8(6):10-11.
- Johnson, Patricia R. MN, Thornhill, Lisa BSN. Noise Reduction in the Hospital Setting. *Journal of Nursing Care Quality*: October/December 2006-Volume 21-Issue 4-p 295-297
- Li SY, Magrabi F, Coiera E. J Am Med Inform Assoc. 2011 Sep 23. *A systematic review of the psychological literature on interruption and its patient safety implications*. <http://psnet.ahrq.gov/resource.aspx?resourceID=23233>
- Reiling, John, et al: The Impact of Facility Design on Patient Safety. http://www.ahrq.gov/qual/nurseshdbk/docs/ReilingJ_BEPE.pdf
- Stokowski LA. The inhospitable hospital: no peace, no quiet. *Medscape Today*. <http://www.medscape.com/viewarticle/574813>. Accessed October 23, 2008.

Technology and Resources for Mass Notification

With regard to hospital mass notification systems, there are many options and challenges when choosing a system or looking at options. In addition, there are many resources available for facilities such as a valuable online magazine called Campus Safety Magazine that can help hospitals walk through many important decisions:

<http://www.campussafetymagazine.com/Channel/Hospital-Security.aspx>

According to Campus Safety Magazine, there are 9 ways to optimize your mass notification system:

- Determine who has authority to issue alerts
- Trust the Weather Service
- Adopt the opt-out approach to text alert enrollment
- Educate campus about your mass notification program
- Automate your database
- Coordinate with I.T. and other stakeholder
- Keep an eye on integration
- Use multiple technologies from different vend
- Know ahead of time when you will activate your mass notification systems

<http://www.campussafetymagazine.com/Channel/Mass-Notification/Articles/2011/08/9-Mass-Notification-Best-Practices.aspx>

Campus Safety Magazine also provides the latest breakdown review of the more commonly used emergency alert systems. Deploying multiple modes can help to ensure the strengths of one solution compensate for the weaknesses of others. Many of these solutions can now be linked with each other so messages can reach more individuals on or near a hospital campus, as well as other stakeholders, such as family members.

<http://www.campussafetymagazine.com/files/resources/CSJ-Mass-Notification.pdf>

Implementation Case Studies

Standardization initiative is voluntary; Wisconsin shares lessons learned from its conversion

A Twin Cities intensive-care-unit nurse was walking by her hospital lobby's front desk one day when she noticed a pregnant woman near the door holding onto a wheelchair.

The patient then said she was going to have her baby. *Immediately.*

Sure enough, before the nurse knew it, she was hollering for someone at the front desk to pull a pillowcase off a pillow to use as a makeshift wrap for the baby. The infant had emerged so quickly that the mother was still standing, and there had been no time to move her beyond the lobby.

The nurse yelled for nearby hospital volunteers to call on the phone for labor and delivery nurses to come help. The nurse couldn't recall which hospital emergency code she should ask to have announced over the loudspeaker — she was busy preparing to perform mouth-to-mouth resuscitation on the baby.

“The amount of codes that go through your head,” said the nurse, who is not an obstetrics nurse. “Was it “nine”? Or “pink”? I wish I could have just paged the labor and delivery nurse to come to the lobby. That's what I needed — labor and delivery nurses with their tray, so I could suction the baby's mouth [to clear its airway] right away.”

Like many other hospital professionals, the nurse worked at more than one hospital, and they use different codes to describe the same situations. At any given hospital, for example, “code pink” might indicate a missing patient. At another, it might indicate a medical emergency for a newborn.

In the end, both mom and baby were fine. But the safety issues the speedy birth raised are the types the Minnesota Hospital Association (MHA) hopes could be avoided through use of clear, plain and standardized language on hospital emergency system pages. Toward that end, MHA recently created this tool kit (<http://www.mnhospitals.org/inc/data/pdfs/overhead-paging-toolkit-2011.pdf>) to provide hospitals with resources and information to begin using plain language in emergency alerts.

As director of nursing for nursing systems and processes, the Twin Cities nurse said she believes in MHA's plain-language initiative.

“We have so many codes, I have to look on my card to decide which code I should call,” she said.” I totally agree that coming to the same common language across all of our hospitals would be good.”

For those hospitals that choose to begin using plain language, the tool kit includes, for example, letters from MHA's safety committee chair and an emergency medicine physician; sample policies; a conversion implementation timeline; frequently asked questions; and articles about how hospitals in Wisconsin carried out communications plans and staff training to make the same transition.

Overhead announcements change to plain/clear language

When the operator makes an overhead announcement, do you listen? What if she says “Baby Alert”? Or “Operation Dispatch”? Do you know what that means or what to do? If you work in more than one health care facility, does the alert mean the same thing?

A Wisconsin Hospital Association survey uncovered a multitude of alert codes statewide. For example, they found 11 different alert codes for infant abduction and 23 for a disaster. And those were just some of the variations. Confusion can lead to inappropriate response to codes, which can jeopardize patient, staff and visitor safety.

These troubling issues led WHA’s board to recommend “clear language” be used for overhead announcements by 2012. Throughout Mayo Clinic Health System in Eau Claire and our regional sites, the change to clear language for overhead alerts will be July 1, 2011.

For example, instead of:

- “Baby Alert”: You will hear, “Security Alert – Missing Infant (or Missing Child or Missing Adult, depending on age)
- “Operation Dispatch”: You will hear, “Security Alert – Building Threat – (Building name if known)”

WHA also surveyed the general public about their reactions to code alerts. While the public said hearing a code in plain language might make them anxious, an overwhelming majority said they want to know what is going on and what they should do.

Our new codes come in four primary groups:

- Medical Alert
- Facility Alert
- Security Alert
- Weather Alert

“Because not all overhead announcements affect the entire staff, some important codes become ‘white noise’ and get ignored,” said Dave Salter, Safety coordinator in Eau Claire. “These four groups will give staff a signal to tune in to announcements that pertain to them.”

For example, not all staff respond to Medical Alerts. If that code is called, staff who don’t respond can disregard information about time and place. But overhead announcements about Facility, Security or Weather Alerts can help all staff focus on what is needed, when and where.

Two familiar codes will stay the same in Eau Claire and our regional sites: Code Red for fire and Code Blue for medical emergency/cardiac arrest.

Information:

- **LEO:** For all the clear language alerts, click on “Emergency Management” under Quick Links on the left.

- **CBTs:** A third-quarter CBT will include an overview of alert changes. Future CBTs will include specifics.
- **Policies:** Policies that include codes are being edited to use clear alert language.
- **Questions:** Contact your site's safety coordinator.

Statewide perspective from a state that has been there, done that

Question-and-answer session on plain-language paging with Mary Kay Grasmick, Wisconsin Hospital Association vice president of communications

Q: How many Wisconsin hospitals use plain language, instead of codes, in their overhead pages? One hundred and one hospitals have already signed on to use plain language, and we expect 100 percent to be signed on after the first of the year. We have 128 acute-care hospitals.

Q: How did the effort come about? We had had a lot of success standardizing wristband colors. Our members said they thought they'd like to also standardize overhead pages. Even within the same system, different hospitals were using different codes for the same thing. It didn't make sense.

It came up in one of our task forces. We worked with Wisconsin hospital emergency preparedness employees. Those representatives implemented it and [championed] the idea in their hospitals. Mayo's system has hospitals here, and Mayo has been working on it.

Q: How long did conversion take? About a year. That includes the training.

Q: Were any hospitals against the idea of switching to clear language? No. Zero. It has been very, very successful. Our hospitals have very much a collaborative approach on projects like this. They've been sharing information about challenges or barriers across systems.

Q and A with a communicator

Rick Thiesse, media specialist with Mayo Clinic Health System Franciscan Healthcare – LaCrosse, Wis., tells how conversion went from his perspective

Q: When did you begin using clear language? July 1.

Q: What was involved in converting? There was a lot of discussion on it — a lot centered on codes versus saying what's really going on, because sometimes with the codes, [anyone] would know what's going on. Simple codes, like "code blue," everybody knows what that is. Code brown most know.

But we had a flood in our basement a couple years ago, and nobody really knew what kind of code that went under. So there was some concern what to [announce] and what resources were needed for a code to be called. So when we went toward this type of program, it made it easier for us to tell people what is going on, where the location is and when people need to be there.

The conversation was about ‘How much do we say that patients will pick up on?’ If you tell them ‘Evacuation, floor three,’ everybody else in the hospital is wondering, What’s going on?

Q: What plain language terms do you use now?

- Missing person
- Medical emergency
- Fire alarm
- Evacuation
- Severe weather
- Hazardous spill
- Mass casualty
- Security alert

Q: How did you overcome staff or patient concerns? All medical staff get a clear text [or plain language] message on their [hand-held] pagers. There are going to be times when we need to go over the speakers and say what’s going on. And we use cell phones.

Q: How has it worked? Really well. I think people are very happy with the fact that it has kind of simplified things. Before, when people heard “code green,” three-quarters of them had to look on their badges to remind themselves what that means.

Q: Any feedback from patients? We haven’t heard anything much.

Q: How did you communicate the change to staff members and others? We used brochures, training materials and posters for employees to remind them what the new alerts are. We did lots of communication. We published little stories about it on our Intranet.

I think from a security and public affairs standpoint, it’s much easier to [issue alerts] now. For example, on a missing person [situation], we receive the information pretty quickly through the individual pager system. If it goes over the speakers saying, for instance, ‘We’re looking for a female, age 2, with blonde hair and blue eyes,’ that sends that message much better than a message that ‘We have a “code pink.” ’ From my standpoint, it’s a bigger benefit.

Mayo security experts: Keep overhead pages simple, straightforward

Phil Niemer is the safety and security coordinator for Mayo Clinic Health System’s hospitals and clinics in Southwest Wisconsin. He’s also on the board of the Wisconsin hospital emergency preparedness program.

As such, over the years he has become something of an evangelist in advocating the use of clear, simple words on hospital loudspeakers to describe events like a fire, weather disaster or medical emergency.

There are no national standards for hospital code alerts.

“This project has been something that I’ve been personally passionate about for 10 years,” said Niemer. “I cofounded the Wisconsin Health Care Safety Council, with our primary focus being to standardize the code colors [mentioned in overhead announcements]. So when the Wisconsin Hospital Association got behind this process to convert to simple, clear language in overhead pages, there was a group of 20 people at the state level that all agreed we wanted to do that.

Since then, I've been a huge proponent. Any hospitals or groups that have questions or want me to speak, I'm happy to help. I think it's a very worthwhile thing to do. The cost savings is huge."

The Franciscan Health Care facilities converted over two years, which included a transition phase in which both the old codes ("code red," for instance) would be announced along with the new, plain language ("fire alarm," in this case). The organizations updated posters, guides and policy and procedure documents to reflect the new information.

"That transition phase helped significantly," Niemer said. "A lot of hospitals took this year to bridge the change."

His key lesson learned from the experience?

"Make sure you really understand the culture of the organization," he said. "Some of the staff are so ingrained when they hear a code, it's like [that tells them] 'There's an emergency.' When we took that code away, they said, 'You need to do massive training for us.' Really all we did is drop 'code red.' But 'bridging' documents explained that we'd still use the colors. The document then explained that the difference is we'll also say 'fire alarm,' and here's what your response should be [instructions on where to exit the building, etc.]."

The only code the organizations have struggled with is that for a bomb threat, Niemer added. A lot of facilities decided on "security alert," followed by instructions on what listeners need to do/where they need to exit. For example, such a page might tell all leadership staff to report to a certain location. The Franciscan hospitals Niemer works with adopted "building threat."

The term "active shooter" also "raised a few more eyebrows," he said. But local schools conduct safety training with students every year in which that phrase is used, so the younger generation is accustomed to such forthright language, he said. Their facilities do not use that term in drills, opting instead to say something like "security alert — disruptive patient — everybody respond."

Mayo Clinic Health System in Eau Claire, Wis. decided to retain "code red" for fire and "code blue" for cardiac arrest, said Dave Salter, emergency management coordinator. Salter also works with Mayo Clinic Health System facilities in Northwest Wisconsin. In Eau Claire, a precursor to each alert tells listeners that information to follow will pertain to a medical alert, security alert, etc.

"Which makes it very, very nice for people who have a tendency to turn off the paging system as the white noise in the background," Salter said.

Patients have not said they are more alarmed to learn what's going on. A poll that a Wisconsin state agency conducted on this issue revealed that hospital visitors would like to know what's going on, Salter pointed out.

The switch at Niemer's hospitals was completed in May. As of September, no one had made any complaints about the new method.

"Each facility is going to come to speed bumps with their culture," Niemer said of conversion. "We had one facility that had used the tone of a doorbell when announcing codes, so when people heard it, they knew it was about an emergency. My advice is to make sure your ducks are

in a row before you go live with the new system. Based on the site, you have to customize to your needs.

“It’s just one of those things that makes sense,” Niemer added, “and once you start implementing it, you’ll ask ‘Why didn’t we do this before?’ ”

St. Cloud Hospital works on plan to respond to “security alerts”

Plain-language announcements part of discussions

Five times a year, St. Cloud area schoolchildren practice how they should react if a person with a weapon enters school grounds.

They know, for example, that they should lock themselves in a room away from doors and windows, if possible; put barriers in front of the door; call 911 and tell the operator their building location; and to stay quiet.

Now, St. Cloud Hospital is working to develop emergency-response plans that health-care employees and leaders could turn to if a similar emergency situation/“active threat” situation ever took place at the hospital. An active threat situation is one in which a person displays a weapon, makes threats and shows intent to cause harm or violent acts. Training for such types of emergency conditions is necessary in today’s world, said Rachel Erickson, St. Cloud Hospital emergency preparedness specialist and member of the Central Minnesota Healthcare System Preparedness Program.

“Staff really want to know what to do [in emergency situations],” Erickson said. “We have staff who have graduated from high school and college within the past 10 years, and they had been practicing lock downs due to state regulations. We feel we can seize the opportunity to learn about lock down from those that have been doing it for years.”

As part of the planning efforts, Erickson and others in the active threat work group at St. Cloud Hospital have been considering the best way to communicate that type of situation to staff, volunteers and guests.

“Plain language is one thing we’ve struggled with — what do we call it?” she said. “Our conclusion was we will announce overhead and communicate through group paging and in emails that we are ‘activating lock-down procedures.’ The St. Cloud area school district uses this language when they make an overhead announcement about an active threat situation, so our group decided that it would be best to use language similar to law enforcement and to what our younger employees and volunteers [are used to].”

The hospital wants its staff, volunteers and visitors to know exactly what to do when they receive the message to “lock down,” Erickson said.

“Due to the nature and lack of frequency of these types of situations, we felt that if we didn’t use plain language on overhead pages about activating lock-down procedures, it would cause more confusion and uncertainty about how people should respond.”

Discussions about such a frightening possibility, and about alerting patients, staff and visitors to such an event, have not been simple, Erickson said.

“This has been one of the most intense work groups I’ve facilitated,” Erickson said. “It is a sensitive subject and all health-care facilities are vulnerable to these types of situations.”

The organization got some of the resources and ideas it is using to formulate a plan, including response communications, from the U.S. Department of Homeland Security, St. Cloud and other police departments, area school districts, the American Journal of Disaster Medicine and the Joint Commission. Also, Hennepin County Medical Center hosts an emergency-preparedness conference in the spring that has been helpful.

St. Cloud Hospital hopes to implement its new emergency-response plan by spring. The goal is to make the facility as prepared and safe as possible for the unthinkable, Erickson said.

“Behind the scenes, we work hard to train and prepare our staff for an active threat situation so that if such a situation arises, we can react quickly,” she said.

Woodwinds works to foster a quieter, more patient-friendly environment by using paging system only for emergencies

Hospital proactively reduces noise by limiting overhead pages

When Woodwinds Hospital in Woodbury opened its doors in 2000, leaders had already decided they wanted to contribute to a healing environment for patients by minimizing noise. That meant the hospital would not use a traditional overhead paging system to page doctors or notify others of calls. Only overhead pages to announce some emergencies were allowed.

That policy has served Woodwinds well, said Cindy Bultena, chief nursing officer at the hospital.

“It was a little bit of a challenge initially, because physicians and leaders were so used to being contacted that way,” said Bultena, who was part of the design team that created the hospital. “But people have [individual] pagers and [cell] phones. It has grown to be an appreciated part of our patient environment — a more peaceful environment.”

Occasionally, Woodwinds does use the overhead paging system for non-emergencies, such as letting staff know that the computer system will be down or to play 20 seconds of Brahm’s lullaby whenever a baby is born. Additionally, a chime known as Woodwinds’ “pause for prayer” sounds whenever patients, families or staff “need additional prayerful intention,” Bultena said.

To help patient-care staff members communicate, the hospital uses Vocera, a badge-like device.

Because Woodwinds rarely uses overhead pages, staff members are on high alert when they hear the page signal, Bultena said. If a fire were to break out, instead of announcing the situation in plain language on the overhead system, Woodwinds staff would tell patients and visitors they need to move to a safe location. Staff would then escort people to the most appropriate places.

“It works very well,” Bultena said of the system. “When you hear it, you know something’s going on.”

MHA Emergency Overhead Paging Toolkit

Questions and Answers

Why is Minnesota Hospital Association (MHA) making a recommendation to use plain language?

MHA has core principles of being transparent with patients and families and increasing patient safety by standardizing safety practices across hospitals throughout Minnesota. Based on the science of patient safety, variation can be a contributing factor that can lead to adverse events. MHA's member survey indicated significant variation among Minnesota's 145 hospitals, such as 22 different codes for patient abduction; 18 different codes for a security alert; code green indicated 4 different emergencies, and code yellow had 5 different meanings. This variation creates confusion for the entire health care team.

MHA also supports reduction of noise, which will lead to less staff distractions and a more pleasant environment for patients and families. A reduction of noise and distractions may be accomplished by communicating emergency situations that do not need to reach the patient's awareness through others means to the appropriate staff that need to respond to the emergency situation. However, plain language is encouraged whether an overhead page, or other means of communicating an emergency situation. See this toolkit for examples/resources.

Is this mandatory?

This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate use of plain language with overhead paging. Some hospitals may choose to incorporate plain language with existing codes. Others may decide to transition to all plain language overhead pages. The goal is to have Minnesota hospitals use as much plain language as appropriate for each facility.

Is there a timeline to implement plain language?

MHA understands that each hospital is at a different place in regard to the use of overhead paging. Some hospitals have already moved to plain language or are in the process of incorporating 1-2 overhead pages with plain language. The most common in current use include fire alert, medical emergency, and weather alerts.

Some hospitals have long established overhead page codes and this will be a process over time. The process may include incorporating plain language with current code, with the long-term goal to phase out color or name codes. There is no deadline.

Why is it important to use plain language?

Clear, plain, straightforward language is the best tool to communicate what you want people to do and how they are to do it. It is more efficient, more effective and better public relations. Less time is needed to find and understand the information, less time is needed to deal with people who did not understand the information, and fewer errors are made.

Plain Language:

- Improves compliance, which reduces enforcement costs.
- Expresses thoughts clearly, which reduces the likelihood of a legal challenge.
- Responds to the needs of the audience — people don't feel their time is wasted.
- Ultimately reduces costs for the public.

To address the growing concern of patient/family confusion, a recent Joint Commission report on health literacy and patient safety recommends making plain language a “universal precaution” in all patient encounters. Along similar lines, the federal government is making plain language a priority as well, by passing a new law called The Plain Language Action and Information Network (PLAIN). President Obama signed the Plain Writing Act of 2010 (see [PDF](#)) on Oct. 13, 2010. The law requires that federal agencies use “clear government communication that the public can understand and use.”

References/additional resources

<http://www.wapatientssafety.org/downloads/GHC-Plain-Language-Toolkit.pdf>

<http://www.cse.gov.bc.ca/sfbc/resources/toolkit/Pages/KeyElementsofPlainLanguage.aspx>

<http://www.plainlanguage.gov/>

Isn't it best to protect patients by using code names or colors?

Minnesota hospitals are committed to patient safety and transparency to patients and families. It is a longstanding policy that patients and families deserve full transparency and disclosure. Use of plain language is consistent with the HICS guidebook:

“Keeping the patients and visitors properly informed is another important communication requirement. Providing them with insight on what happened and what the hospital is doing to address these issues can be done via overhead page announcements, personal reassurance from the staff, using the hospital television channel (if available) to provide the news, information updates strategically posted throughout the facility, and print material put on individual meal trays.” – available from HICS guidebook at:

http://www.emsa.ca.gov/HICS/files/Guidebook_Glossary.pdf

Will plain language make patients anxious?

The Wisconsin Hospital Association conducted a consumer study and found that majority of patients would rather know what is going on. See the executive summary in this toolkit for consumer focus groups and survey results.

Is it OK to reduce noise by not using overhead pages?

Some hospitals have moved toward reducing noise for patients by minimizing overhead paging and communicating emergency situations through other means. This is received well by patients, families and staff. Each hospital will need to determine which emergency situations and the level of the emergency that need to reach the patient's awareness. Some do not reach that level and may be communicated through others means to the appropriate staff that need to respond to the emergency situation. See this toolkit for case example and resources for reducing noise.

Did MHA involve clinicians, including emergency professionals?

MHA's Patient Safety Committee is a combination of clinicians and administrators that convened a subgroup of emergency professionals and hospital preparedness coordinators for critical input and guidance on next steps and implementation of plain language. As a result of these valuable discussions, MHA developed the following principles to guide implementation on plain language:

1. This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate use of plain language with overhead paging. Some hospitals may choose to incorporate plain language with existing codes. Others may decide to transition to all plain language overhead pages. The goal is to have Minnesota hospitals use as much plain language as appropriate for each facility.
2. Use of plain language will reduce confusion for health care professionals working in more than one hospital, which could otherwise lead to a potential delay in care or patient safety event.
3. This initiative is not meant to be prescriptive, rather suggested scripting is included in this toolkit. Each facility will need to determine which plain language they will use for overhead pages.
4. Transparency with patients and families is a top priority of MHA and members. Use of plain language for overhead paging is consistent with this priority, in addition to recommendations from the Hospital Incident Command System. Each hospital will need to determine which codes are appropriate for overhead paging considering their patient population.
5. This initiative aims to reduce variation among all 145 hospitals throughout the state, including rural and urban.
6. Minnesota's approach aims to be as consistent as possible with bordering states.

What considerations should be made when a hospital is evaluating implementing plain language?

It will be helpful to address the following considerations when developing a plan to implement plain language:

1. Certain emergency situations need to be heard by all building occupants, and some situations require only certain staff to hear situation/page.
2. Some pages deem a response from all staff.
3. Some hospitals have easily excitable patients (e.g., behavioral patients).
4. Some pages (e.g., fire, weather, abduction) should have follow-up action/instructions for patients/staff/visitors. Each hospital will need to determine which is appropriate for their facility.
5. Changes in current processes will require staff training/education.
6. Each hospital will need to determine which overhead pages they will use. They do not need to use all examples provided in this toolkit. These are for guidance and a starting point only.

How should we handle security issues such as intruder or bomb threat?

Each hospital will need to determine which emergency situations and the level of the emergency that need to reach the patient's awareness. Some do not reach that level and may be communicated through other means to the appropriate staff that need to respond to the emergency situation. Security codes may be the hospital's most challenging to develop consensus. It is important to convene a team of safety staff, emergency professionals, security, and administration to develop the hospital's policies for security situations. Plain language is encouraged whether an overhead page or other means of communication is used for an emergency situation. See this toolkit for examples/resources.

Minnesota Hospital Association (MHA) 2011 Member Survey Results

(81 Survey Responses)

Code Green (Indicates 5 emergency situations)

Behavioral patient emergency
Bomb threat
Security Alert
Trauma victim
Violent person

Security Alert (22 pages utilized)

Alert yellow
Code 21
Code assist
Code blue
Code freeze
Code gray
Code green back up
Code grey-stay away
Code man
Code orange
Code purple
Code search
Code strong
Code violet
Code white
Code yellow
Condition Silver
Dr. Armstrong
Dr. Green
Dr. Strong
Mrs. Green
Yellow alert

Code Red

- 49% use only “code red” for fire emergency
- 41% use only clear language
- 66% use both code red and clear language for fire emergency (e.g. code red, fire alarm + location)

Code Yellow (Indicates 4 emergency situations)

Bomb threat
Bomb plan
Behavioral Emergencies
Haz Mat emergency

Patient Abduction (18 pages utilized)

Alert grey
Alert pink
Amber alert
Baby alert/peds alert
Code Adam
Code baby
Code exit
Code find
Code gray
Code infant
Code look out
Code pink
Code purple
Code search
Code stork
Code walker
Dr. Lam
Missing person

Code Blue

- 26% use only “code blue” for medical emergency
- 38% use only clear language
- 60% use both code blue and clear language for medical emergency (e.g. code blue-medical emergency + location)?

Code Yellow

- 16% use only “code yellow” for security emergency
- 31% use only clear language
- 29% use both code yellow and clear language for security alert (e.g.) “code yellow, security alert + location”

Code Pink

- 67% use only “code pink” for an abduction
- 46% use clear language for abduction (e.g. missing person + descriptor)

Code Orange

- 49% use only “code orange” for hazardous materials
- 37% use clear language for hazardous materials (e.g. hazardous spill + agent + location)?
- 49% use both code orange and clear language for hazardous materials

Sample Implementation Plan

1. Organizational Awareness and Approval

- Identify key stakeholders and committees needed to approve the initiative and policy.
- Obtain buy-in; begin to get included in meeting agendas for approval.
- Update various key stakeholders and leadership.
- Finalize implementation date – “Go Live” date.
- Approve policy and implementation plan.

2. Documents and Materials Procurement

- Develop training forms and communication materials and obtain organizational approval for forms if necessary.
- Work with materials management to have the necessary posters, phone stickers, badge buddies and other materials available prior to the “Go Live” date.
- Maintain a surplus supply of materials for post “Go Live” date needs.

3. Communications Plan

- Draft a letter from the CEO or other senior leadership to physicians and staff.
- Publish articles for the employee newsletter.
- Create emails and send to the staff periodically leading up to the “Go Live” date.
- Distribute posters for training.
- Distribute badge buddies to trainers.
- Update new hire orientation education materials.
- Identify and set up briefings for external providers (e.g., fire, EMS, etc.)

4. Education and Training Plans

- Identify trainers and schedule train-the-trainer sessions.
- Familiarize yourself/trainer with training content and tools (PowerPoint presentation, emergency codes document, policy, training competency).
- Identify session preferences (e.g., day/time/length) for medical and patient care staff/units, managers, practice councils and quality groups.
- Schedule presentations with various groups within the hospital like physicians, nursing practice council, etc.
- Schedule meetings with managers and educators.
- Schedule in-service for staff to update on new emergency codes.
- Share new emergency codes at staff meetings, safety meetings, and all new hospital personnel orientation meetings.

5. Two Weeks Before Roll Out – “Go Live” Date

- Send a reminder email to all trainers to make copies of the various handouts for their staff.
- Check with unit managers of possible questions/issues that may have arisen.
- Make sure that all units are well stocked with educational and implementation materials for their staff.

6. Follow-up and Evaluation

- Assign a point person for questions/issues during implementation and the following month.
- Conduct informal oral surveys to determine staff knowledge using management rounding or other existing feedback mechanisms.
- Check key areas six months post implementation to assess how well the changes have been integrated.
- Communicate progress to leadership.

Sample Implementation Checklist

Plain Language Alert Implementation Minnesota Hospitals

Hospital Name: _____ City: _____

1. Our hospital verifies that by completing this checklist we are fully supportive of converting to plain language/plain text alerting in our facility and are beginning the conversion of our hospital emergency alerts/codes to clear language/plain text:

Administration Signature and Title

Date

2. The hospital has identified the person and/or committee responsible for identifying and changing wording in and/or merging policies and procedures to address plain language-plain text alerting and the date by which this task will be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

3. The hospital has identified the person and/or committee responsible for identifying and changing wording in code cards, flip charts, posters and other emergency management tools to address plain language-plain text alerting and date by which the task will be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

4. The hospital has identified the person and/or committee responsible for revising and/or developing training for annual education and for new hires to address plain language-plain text alerting and the date by which this task will be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

5. The hospital has identified the person and/or committee responsible for revising and/or developing special education and training for the telecommunications (switchboard operators), including special scripts or algorithms when there is a plain language-plain text alert and the date by which this task will be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

6. If applicable, the hospital has identified the person and/or committee responsible for assessing the need for potential program modifications to any electronic alert mechanism that is pre-programmed to send a voice message upon alarm and the date by which this will be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

7. The hospital has identified the person and/or committee responsible for developing a Communications Plan, which includes, but is not limited to, the following components and also identifies the date by which the task is to be completed:

- a. Question and Answer (FAQs) handouts are created;
- b. Postings on in-house intranet;
- c. Distribute new code cards, flip charts, posters, and other emergency management tools.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

8. The hospital has identified the person and/or committee responsible for communications with local partners, (police, fire, etc.) to let them know that the hospital is moving to plain language-plain text alerts and the date by which the task is to be completed.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

9. The hospital has identified the person and/or committee responsible for developing the Communications Plan for implementing plain language-plain text alerting (examples only given below) and the date by which this task is to be completed.

- a. Question and Answer (FAQs) handouts are created;
- b. Postings on in-house intranet;
- c. Distribute new code cards, flip charts, posters, and other emergency management tools.

- Name and title of person and/or committee: _____
- Date by which this task is to be completed: _____

Sample Overhead Paging Policy

[HOSPITAL NAME]

SAMPLE-ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: HOSPITAL EMERGENCY CODES	POLICY NO.: 000	PAGE 31 OF 40
AUTHORIZED APPROVAL:	EFFECTIVE DATE: Jan. 1, 2012	SUPERCEDES/REPLACES: New

I. **PURPOSE:** To provide appropriate staff notification to emergency situations utilizing the overhead paging system.

II. **DEFINITIONS**

Condition	Plain Language	Policy
Fire	<ul style="list-style-type: none"> • Fire alarm + location 	Admin P&P ###
Medical Emergency	<ul style="list-style-type: none"> • Medical emergency + Adult/Pediatric + location 	Clinical P&P ###
Abduction	<ul style="list-style-type: none"> • Missing Person (of any age) + Descriptor 	Admin P&P ###
Behavioral/Uncontrolled person incident	<ul style="list-style-type: none"> • Security Alert + location 	Clinical P&P ###
Severe Weather	<ul style="list-style-type: none"> • Severe weather + descriptor (and as appropriate action for staff/patient/visitors) 	Admin P&P ###
Security Alert (combative person, intruder, bomb threat, etc.)	<ul style="list-style-type: none"> • Security alert +descriptor + location 	Admin P&P ###
Disaster (Internal or External)	<ul style="list-style-type: none"> • Internal/external emergency + descriptor + <i>activate incident command system (if applicable)</i> 	Admin P&P ###
Rapid Response Team	<ul style="list-style-type: none"> • Rapid response team + location 	Clinical P&P ###
Stroke Team	<ul style="list-style-type: none"> • Stroke Team activated + location 	Admin P&P ###
Trauma Team	<ul style="list-style-type: none"> • Trauma team activated + location 	Admin P&P ###

III. POLICY

IV. In the event of an emergency situation, a standardized emergency code will be used to alert staff via the overhead paging system and prompt an appropriate, predetermined response.

V. PROCEDURES

A. Response & Recovery

1. Initiating an emergency code

- a. When an emergency occurs, call the emergency page operator at [number] and provide the nature of the emergency and the location of the incident.
- b. The emergency page operator will immediately notify the appropriate management authority and response personnel in accordance with the corresponding policy as listed in “Section II, Definitions.”
- c. If an overhead page is required, the emergency page operator will use the appropriate emergency code and repeat it three times via the overhead paging system.

2. Terminating an emergency code

- a. When the incident response is complete, the appropriate authority (e.g., Incident Commander, Team Leader, etc.) will call the emergency page operator and request that they announce an “All Clear.”
- b. When instructed by the appropriate authority (e.g., Incident Commander), the emergency page operator will announce “the [Code Name] is All Clear” three times via the overhead paging system.

B. Education and Training

1. All employees must be familiar with the following:

- a. Code Names
- b. Code Definitions
- c. Appropriate number to call (e.g., Emergency Page Operator) to notify of in case of an emergency.
- d. Their specific responsibilities and procedures during an emergency code incident.

2. Emergency codes will be taught in each new hire orientation and refreshed annually at annual update training or skills lab.

3. Forensic officers (law enforcement guarding prisoners within the facility) must be briefed according to existing policy [insert policy number] as to the appropriate response to each emergency code.

C. REFERENCES

Health care Emergency Codes: A Guide for Code Standardization, Second Edition, March 2009, accessible via the Internet at www.HASC.org.

The Hospital Incident Command System (HICS) Guidebook, accessible via the Internet at www.emsa.ca.gov/HICS.

Consumer Feedback Regarding Overhead Paging

Consumer Survey Results on Emergency Announcements

May 17, 2010 (322 completed surveys)

Wisconsin Hospital Association

For each of the overhead announcements listed below, please indicate if you believe that the announcement should be heard by hospital staff only or hospital staff, patients and visitors by placing an “X” into the appropriate column.

2. Fire Actions ▾			
Staff Only		41	13%
Staff, Patients & Visitors		263	87%
Total		304	100%

3. Bomb Threat Actions ▾			
Staff Only		107	35%
Staff, Patients & Visitors		197	65%
Total		304	100%

4. Cardiac Arrest Actions ▾			
Staff Only		284	94%
Staff, Patients & Visitors		19	6%
Total		303	100%

5. Person with a Weapon Actions ▾			
Staff Only		100	33%
Staff, Patients & Visitors		202	67%
Total		302	100%

6. Missing Child or Adult		Actions ▼	
Staff Only		30	10%
Staff, Patients & Visitors		274	90%
Total		304	100%

7. Severe Weather		Actions ▼	
Staff Only		17	6%
Staff, Patients & Visitors		288	94%
Total		305	100%

8. Mass Casualty		Actions ▼	
Staff Only		220	73%
Staff, Patients & Visitors		82	27%
Total		302	100%

9. Lock Down of a Unit		Actions ▼	
Staff Only		198	65%
Staff, Patients & Visitors		107	35%
Total		305	100%

Sample Letter from Leadership

This letter can be used to inform staff and physicians about the emergency code calls. A senior executive should sign the letter. Consider enclosing your emergency code policy and procedures.

Dear xxxxxx,

I am pleased to announce that [HOSPITAL NAME] is participating in a statewide effort to standardize health care emergency codes throughout Minnesota. Given that staff often work at more than one hospital, variation in emergency codes makes it difficult for staff to respond appropriately to emergencies. To reduce confusion and improve patient safety, our hospital, along with other Minnesota hospitals, is adopting the following standardized emergency codes:

Statewide Plain Language/Plain Text Scripts

Condition	Plain Language/Plain Text
Fire	Fire alarm + location
Medical Emergency	Medical emergency + location
Abduction	Missing Person (of any age) + Descriptor
Behavioral/Uncontrolled person incident	Assistance needed STAT + location
Severe Weather	Severe Weather + Descriptor
Security	Security Alert + Intruder or show of force + Location
Hazardous Spill	Hazardous Spill + agent/descriptor + location

Additional overhead pages to consider:

Condition	Plain Language/Plain Text
Disaster in the community-multiple patients expected	Triage + Emergency Room
Disaster affecting the system (ie: bomb, phone, standby, utility)	Command Center Activated-Leadership to Respond
Facility Lock-Down	Lockdown Engaged
Evacuation	Evacuation + descriptor + location

It is important that all staff become familiar with the codes, and we will be having multiple information sessions.

I appreciate your help and support in this vital patient safety campaign. Together we can achieve a safer environment for our patients. I welcome any comments, and your feedback is very important to me. If you have any comments or questions, please contact [NAME/PHONE/E-MAIL].

Sincerely,

[HOSPITAL CEO, CMO, CNO, COO as appropriate]

Sample Employee Flyer

Hospitals in Minnesota are working together to improve patient safety by using plain language-plain text emergency codes.

Use of plain language-plain text emergency codes will simplify emergency response from physicians and staff who may work in multiple hospitals.

Condition	Plain Language
Fire	Fire alarm + location
Medical Emergency	Medical emergency + Adult/Pediatric + location
Abduction	Missing Person (of any age) + Descriptor
Behavioral/Uncontrolled person incident	Security Alert + location
Severe Weather	Severe weather + descriptor (and as appropriate action for staff/patient/visitors)
Security Alert (combative person, intruder, bomb threat, etc..)	Security alert +descriptor + location
Disaster (Internal or External)	Internal/external emergency + descriptor + <i>activate incident command system (if applicable)</i>
Rapid Response Team	Rapid response team + location
Stroke Team	Stroke Team activated + location
Trauma Team	Trauma team activated + location

Attend an in-service training session and learn about the new plain language/plain text codes.

Date: _____ Time: _____ Location: _____
 Date: _____ Time: _____ Location: _____

If you have any comments or questions, please contact [NAME/PHONE/E-MAIL].

Sample Presentation for Staff

Visit this link for a PowerPoint presentation, including talking points:

<http://www.mnhospitals.org/inc/data/tools/overhead-paging-presentation.ppt>



Other State Codes

Minnesota Metro Hospital Compact 2005	Summary of Other States	Wisconsin Clear Language
Red - fire	Red (11) – fire	Fire alarm + location
Blue – medical emergency-with location and pediatric or adult	Blue (11) – cardiac arrest medical emergency	Medical emergency + location
Green – Behavioral Emergency (aid needed).	Gray (8), Violet (1) – combative person	Security alert + intruder or show of force
Yellow – Security Emergency (stay away) (e.g., bomb threat).	Silver (6), White (1), Yellow (2) – person with weapon and/or hostage situation	Security alert + intruder or show of force
Pink – Abduction in progress	Amber (6) Pink (5) -infant abduction	Missing person + descriptor *
Orange – General hospital-wide incident response to be followed with more specific information	Orange (11) - Hazardous materials	Hazardous spill + agent/descriptor*
		Severe weather + descriptor *
Note when possible, plain English should be used in overhead announcing (e.g. weather)		Mass casualty + descriptor*

Environmental Scan

Metropolitan Hospital Compact, Uniform Incident Color Codes, 2005

This uniform incident color coding is important for staff working at more than one institution, students rotating at more than one institution, and for consistency in language when communicating between hospitals.

After reviewing the standard Hospital Emergency Incident Command System codes, codes from multiple other states and agencies, local use of codes, the recommendations are:

- When possible, plain English should be used in overhead announcing (e.g., weather emergencies should be announced using standard National Weather Services terms).
- If the institution uses levels of response, Levels 1-3 should be used, with Level 1 being the lowest, and Level 3 the highest level of response (Level 1 generally involves resources routinely available, Level 2 limited supplemental resources, and Level 3 an institutional disaster declaration).
- If color codes are used, the following alerts or codes are recommended:
 - Red – Fire
 - Blue – Medical emergency – with location and ‘pediatric’ or ‘adult’ added as needed to clarify.
 - Orange – General hospital-wide incident response to be followed with more specific information (e.g., Alert/Code Orange – Mass Casualty, or Alert/Code Orange-HAZMAT). May also refer to internal emergencies (e.g., Alert/Code Orange Internal – Water Emergency for a water main break)
 - Yellow – Security Emergency (stay away) (e.g., bomb threat).
 - Green – Behavioral Emergency (aid needed).
 - Pink – Abduction in progress

Note that hospitals may not need to use all of the codes depending on their system. For example, hospitals may not need the behavioral emergency code if their security staff is responsible for managing these incidents. Hospitals may also have a need for overhead codes for special situations, which will only be understood by certain employees (e.g., security).

Though compliance with these recommendations is voluntary, we would strongly encourage your institution(s) to adopt these codes to promote employee and student safety and facilitate consistency across our health care system. ■



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