WNY Plain Language Emergency Alerts

Implementation Guidance

*EDIT THIS TO YOUR NEEDS: The suggested scripting in this implementation guide is not meant to be prescriptive. Each facility will need to determine which plain language words and directions they will use. Remember, the goal is that the audience will understand the page the first time they hear it and will know what actions are required based on the information they receive. In addition to evaluating the use of plain language, the hospital team should also discuss which security situations need to be announced overhead and which can be communicated using other methods such as a text message or page.*

Summary

Hospitals in Western New York are committed to safe, quality health care for their communities. One way to promote safety and reduce harm is to eliminate the use of “code calls” in hospitals throughout the region and use only Plain Language to quickly communicate an emergency and to mobilize expert assistance. Physicians and staff often work in multiple hospitals and staff has become confused and has used the name of a code call from one hospital in another. Although many hospitals used the same terms for alerts, tremendous variation existed for alerts representing respiratory and cardiac arrest, infant and child abduction, and a combative person. This reinforced the importance of standardization to support our physicians and staff who strive to deliver safe care.

Historically, hospital emergency codes were assigned a color. The use of color codes was intended to convey essential information quickly and with minimal misunderstanding to staff, while preventing stress and panic among visitors to the hospital. Unfortunately, the risk of using color codes now outweighs the benefits. There is significant variation of color codes across organizations leading to confusion of health care providers and in some instances harm to health care providers. Hospitals have also received feedback from consumers stating that color codes increased their stress level. Consumers want to be informed and have asked hospitals for transparency.

Nationally, Accrediting Agencies (i.e. Joint Commission and DNV and \_\_\_\_\_\_) have recommended the standardization of emergency codes. The trend to adopt plain language is supported by the following organizations or reports:

• U.S. Department of Health and Human Services

• U.S. Department of Homeland Security

• The National Incident Management System (2008)

• The Institute of Medicine’s Health Literacy report and recommendations (2004)

Plain language is communication your audience can understand the first time they see it or hear it. People know what actions are required based on the information they receive. Hospitals should also take this opportunity to consider when overhead paging is appropriate versus silent notification. This is a voluntary initiative, not mandatory. Each hospital should convene a team to evaluate the use of plain language with the intent that this go into effect on January 1, 2017. The recommendation to adopt plain language emergency codes has been developed and is based on scholarly literature, research and national guidelines, but most importantly this is all about increasing safety for patients, staff and visitors to our WNY hospitals.

Background

In 2014, members of the Communications Workgroup and the Security Coordinators Workgroups made up of representatives from WNY hospitals began discussion on implementing Plain Language Emergency Codes. Specific points included:

* Promote the use of plain language,
* Reduce the confusion for health care professionals working in more than one hospital, especially students aligned with the University of Buffalo School of Medicine and Biomedical Sciences,
* Reduce the variation among all hospitals in the region,
* Increase staff, patient and public safety awareness within hospitals and healthcare campuses,
* Promote transparency of safety protocols.

In our deliberations and decisions regarding the terms to standardize, we adhered to the following principles:

* The language used should be consistent with national standards where possible to foster clear communication,
* The terms used should reflect clarity and brevity.

Plain Language Emergency Alerts

The following are the list of terms that the combined Workgroups settled on, with the understanding that some facilities may need to adjust this list up or down depending on site specific needs:

Adult Medical Emergency

Bomb Threat

Command Center Activation: Normal – Monitoring – Partial – Full

 Dangerous Person

Evacuation

Fire Alarm Activation

HazMat Incident

Mass Casualty Incident

Missing Infant / Child / Visitor

Patient Elopement

Pediatric Medical Emergency

Rapid Response Team

Security Event

Stroke Team

Support Team

Utility Outage

Weather / Natural Disaster Warning

Plain Language Emergency Alerts

FACILITY or BUILDING ALERTS:

Command Center Activation: State location: Required action:

Normal – Monitoring – Partial – Full

Evacuation State location: Required action:

Fire Alarm Activation State location: Required action:

HazMat Incident State location: Required action:

Utility Outage State location: Required action:

MEDICAL ALERTS

Adult Medical Emergency State location: Required action:

Mass Casualty Incident State location: Required action:

Pediatric Medical Emergency State location: Required action:

Rapid Response Team State location: Required action:

Stroke Team State location: Required action:

Support Team State location: Required action:

SECURITY ALERTS

Bomb Threat State location: Required action:

Dangerous Person State location: Required action:

Missing Infant / Child State location: Required action:

Missing Visitor State location: Required action:

Patient Elopement State location: Required action:

WEATHER ALERTS

Weather / State location: Required action:

Natural Disaster Warning

*You could add your specific details to this chart and then copy this page as a handout to staff.*

Reduction of Noise

While noise in a hospital may seem a simple nuisance, a quiet hospital environment enhances patient healing and satisfaction among health care providers. One of the loudest parts of the hospital is the overhead paging system, which hospitals have traditionally relied on to communicate with providers. Hospitals should strive to reduce overhead paging to an absolute minimum, being mindful that the National Fire Protection Association’s Life Safety Code 101 will still require alarm annunciation. As hospitals implement notification devices such as smart phones and other mobile devices, they are able to reserve overhead pages for the most serious situations. Each hospital will need to determine which emergency situations 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.

Overhead paging likely is appropriate when:

• The situation requires all or many building occupants hear the notice.

• The situation requires additional or follow-up information to all or many building occupants.

• The situation requires immediate response from all staff.

• Recommended based on the NFPA Life Safety Code compliance.

Call notification or mass texting to identified groups of staff likely is appropriate when:

• The situation requires specific staff have immediate notice for response.

Questions and Answers

Q – Why are the WNY Hospitals making a recommendation to use Plain Language?

A – The WNY Healthcare Association and WNY hospitals are committed to increasing patient, employee and visitor safety during an incident. Based on the science of patient safety, variation can be a contributing factor that can lead to adverse events. With the exception of Code Red for Fire, there is still a large disparity among emergency codes currently used in WNY hospitals. The decision to adopt plain language is based on literature, research and trends among hospitals to promote transparency and safety which aligns with federal initiatives to adopt plain language standards.

Q - Why is plain language important?

A - 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 and effective, and less time is needed to find and understand the information. The Institute of Medicine considers plain language a central tenet of health literacy (2004). The National Incident Management System also has established plain language requirements for communication and information management among emergency managers (2008).

Q - Does the use of plain language create additional fear among patients and visitors?

A - Although this is a commonly expressed concern, research found that a majority of patients would rather know what is going on. Patients and families deserve transparency and full disclosure. Plain language may in fact, decrease uncertainty among patients and visitors. To address the growing concern of patient and family confusion, a recent Joint Commission report on health literacy and patient safety recommends making plain language a “universal precaution” in all patient encounters.

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

A - Some hospitals have moved toward reducing noise for patients by minimizing overhead paging and communicating emergency situations through other means. Each hospital will need to determine which emergency situations need to reach the patient’s awareness. Some emergencies may be communicated through other means to the appropriate staff that need to respond. As a general rule, the trend is to reduce the amount of overhead paging and announce only those codes that at least the majority of patients, employees and visitors should be aware of and prepared to respond.

Q - How should hospitals handle security issues such as an armed violent intruder?

A – The WNY Security Coordinators Workgroup has produced policy and procedure templates for hospitals to deal with a Dangerous Person, including an Active Shooter.

Q - Is this mandatory?

A - This is a voluntary initiative, not mandatory. The goal is to have WNY hospitals use as much plain language as appropriate for each facility.

Q - Is there a timeline to implement plain language?

A - For participating hospitals, the target date of implementation is January 1, 2017.

***This document is largely based on the “Plain Language Emergency Codes Implementation Guide”, a product of a workgroup convened by the Iowa Hospital Association under the leadership of Laura Malone, VP - Nursing and Clinical Services.***

References

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