



IOWA HOSPITAL
ASSOCIATION

PLAIN LANGUAGE EMERGENCY CODES Implementation Guide





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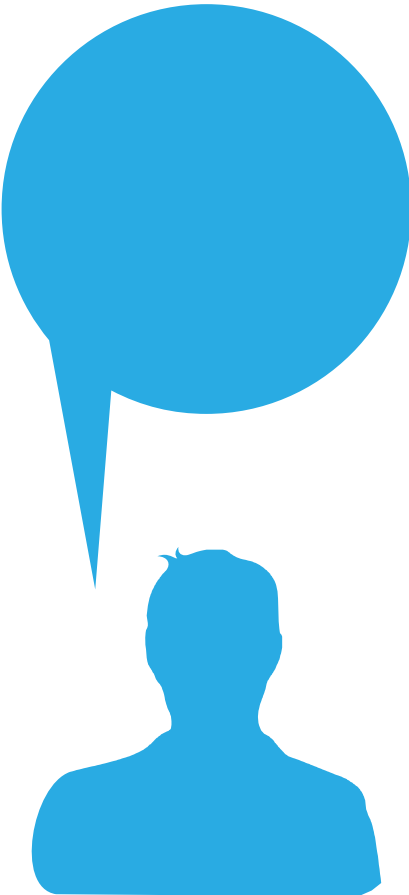
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To Iowa Hospitals:

I am pleased to share IHA's recommendation for the use of plain language during emergency paging. In an effort to increase safety and better communicate with staff, patients and visitors, this implementation guide recommends the use of plain language codes instead of a color system to communicate emergency situations.

The decision to adopt plain language codes followed the recommendations of IHA's Council on Education and Member Services and a Plain Language workgroup made up of hospital experts from across the state. While currently used alerts like Code Blue, Code Pink and Code Yellow have been in existence for many years, there is no uniform standard as to what they mean. The lack of consistency in the codes used across the state or even within a health care system creates the potential for confusion.

There is currently significant variation among emergency codes in Iowa's 118 hospitals. Based on the science of patient safety, this variation can be a contributing factor that can lead to adverse events. Implementing plain language helps fulfill the commitment of Iowa hospitals to safety and transparency. It also eliminates the need for healthcare workers, who may work in multiple organizations, to memorize the various hospital emergency codes. In addition, it brings all of Iowa's hospitals in further compliance with the National Incident Management System, a system developed by the US Department of Homeland Security.

While this is a voluntary initiative, each hospital should convene a team to evaluate the use of plain language. All hospitals that choose to participate are asked to complete and return the plain language pledge and plan implementation by January 1, 2015. The suggested scripting in this guide is not meant to be prescriptive. Each facility will need to determine which plain language words and directions they will use for overhead pages.

Thank you for your commitment to transparency and patient safety.

Sincerely,

A handwritten signature in black ink that reads 'Kirk Norris'.

Kirk Norris
President, CEO



Executive Summary

Hospitals in Iowa and the Iowa Hospital Association are committed to safe quality health care. One way to promote safety and reduce harm is to implement plain language emergency codes.

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 which leads 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, the Joint Commission has recommended the standardization of emergency codes. And 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. The recommendation to adopt plain language emergency codes has been developed by experts from hospitals across Iowa and is based on scholarly literature, research and national guidelines.

Ultimately this is all about increasing safety for patients, staff and visitors.

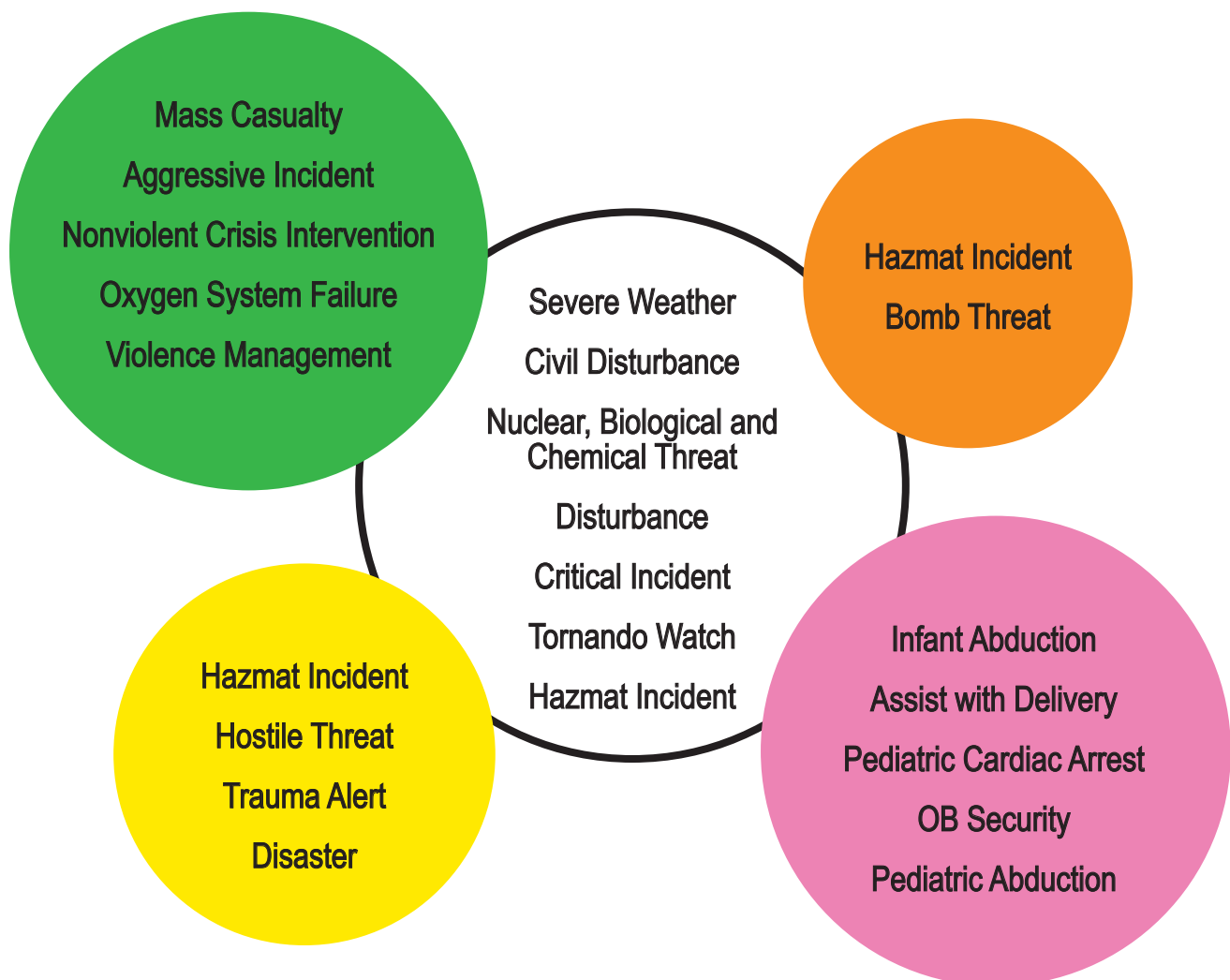
Background

In 2013, IHA's Council on Education and Member Services convened a conversation on Plain Language Paging. The Council recognized the lack of uniformity in emergency codes across Iowa and the potential safety risk this presented. After reviewing national recommendations and the work of surrounding state hospital associations to address the issue, the Council asked IHA to convene a work group to create recommendations for Iowa Hospitals.

The workgroup representing eight Iowa Hospitals and the Iowa Hospital Association met in the summer of 2013 with the charge to:

- Promote the use of plain language paging
- Reduce the confusion for health care professionals working in more than one hospital
- Reduce the variation among all 118 hospitals in the state
- Increase staff, patient and public safety within hospitals and campuses
- Promote transparency of safety protocols

In lieu of surveying all Iowa hospitals, the workgroup shared emergency codes currently being used in their organizations to depict the variation that occurs. With the exception of Code Red which most hospitals use to signify fire, the wide range of codes assigned to a color is illustrated below.



Plain Language Emergency Codes

Emergency Alert

Plain Language

FACILITY ALERTS

Fire	Fire Alarm + Location + Action Required
Evacuation	Evacuation + Location + Action Required

WEATHER ALERTS

Severe Weather	Weather Alert + Descriptor + Action Required
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SECURITY ALERTS

Abduction/Elopement	Missing Person + Descriptor + Action Required
Combative Patient/Person Show of Force	Security Assistance Requested + Location + Action Required
Acts of Violence	Active Shooter + Location + Action Required Violent Intruder + Location + Action Required
Bomb Threat	Bomb Threat + Location + Action Required
Disaster (internal or external) e.g. hazardous agent, chemical spill, power outage	Internal Emergency + Descriptor + Activate Incident Command System or External Emergency + Descriptor + Activate Incident Command System

MEDICAL ALERTS

Medical Emergency	Medical Emergency + Location
Rapid Response Team	Rapid Response Team + Location
Stroke Team Activation	Stroke Team + Location
Trauma Team Activation	Trauma Team + Location
OB Team Activation	OB Team + Location
Mass Casualty	Mass Casualty + Descriptor

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.



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.



Standardized Plain Language Emergency Codes

Questions and Answers

Why is the Iowa Hospital Association making a recommendation to use plain language?

The Iowa Hospital Association and member hospitals are committed to increasing patient, employee and visitor safety during any 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 a large disparity among emergency codes currently used in Iowa hospitals. The decision to adopt plain language was proactive and based on literature, research and early trends among hospitals to promote transparency and safety. This trend aligns with federal initiatives to adopt plain language standards.

Why is plain language important?

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. Less time is needed to find and understand the information. The adoption of plain language promotes transparency, increases safety and aligns with national initiatives. 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).

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

Although this is a commonly expressed concern, consumer 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.

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 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.

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

It is important that each hospital consult its emergency management and leadership teams to determine appropriate policies and procedures for the organization. As a general rule, hospitals should consider overhead announcements when there is a confirmed or likely armed violent intruder.

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

Is there a timeline to implement plain language?

For participating hospitals, there is a target date of January 1, 2015 to implement these emergency codes. Again, this is a voluntary initiative.



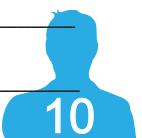
Iowa Hospital Association - Plain Language Emergency Code Pledge

Check if Adopted	Emergency Alert	Plain Language
	Fire	Fire Alarm + Location + Action Required
	Evacuation	Evacuation + Location + Action Required
	Severe Weather	Weather Alert + Descriptor + Action Required
	Abduction/Elopement	Missing Person + Descriptor + Action Required
	Combative Patient/Person Show of Force	Security Assistance Requested + Location + Action Required
	Acts of Violence	Active Shooter + Location + Action Required Violent Intruder + Location + Action Required
	Bomb Threat	Bomb Threat + Location + Action Required
	Disaster (internal or external) e.g. hazardous agent, chemical spill, power outage	Internal Emergency + Descriptor + Activate Incident Command System or External Emergency + Descriptor + Activate Incident Command System
	Medical Emergency	Medical Emergency + Location
	Rapid Response Team	Rapid Response Team + Location
	Stroke Team Activation	Stroke Team + Location
	Trauma Team Activation	Trauma Team + Location
	OB Team Activation	OB Team + Location
	Mass Casualty	Mass Casualty + Descriptor

I am pleased to announce that (Hospital Name): _____
is participating in the Iowa Hospital Association initiative to implement plain language emergency codes across Iowa. Hospital personnel are often employed or practice at more than one health facility, and variation among emergency codes increases the potential for error, resulting in a risk to patient, employee and visitor safety. I have checked the codes that our hospital has adopted.

CEO Name: _____ CEO Signature: _____

Hospital Name: _____ Date: _____



References

Institute of Medicine (2001). Crossing the quality chasm: a new health care system for the 21st century. ISBN: 0-309-07280-8

Joint Commission Resources (2012). Emergency management in health care: an all hazards approach (2nd Edition), ISBN: 978-1-59940-701-2

Minnesota Hospital Association (n.d.) Plain language emergency overhead paging: Implementation toolkit. <http://www.mnhospitals.org/Portals/0/Documents/ptsafety/overhead-paging-toolkit-2011.pdf>

Missouri Hospital Association (n.d.) Standardized, plain language emergency codes. http://web.mhanet.com/uploads/media/2013_Emergency_Code_Implementation_Manual.pdf

Redish J.D. (2000). What is information design? Technical Communication; 47(2):163-166.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (n.d.) Plain language: a promising strategy for clearly communicating health information and improving health literacy. <http://www.health.gov/communication/literacy/plainlanguage/PlainLanguage.htm>

U.S. Department of Homeland Security (2008) National incident management system. http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

U.S. Department of Homeland Security, Office of Emergency (2010) Plain language FAQs. <http://www.alaskalandmobileradio.org/CLWG/OECPlainLanguageFAQs.pdf>

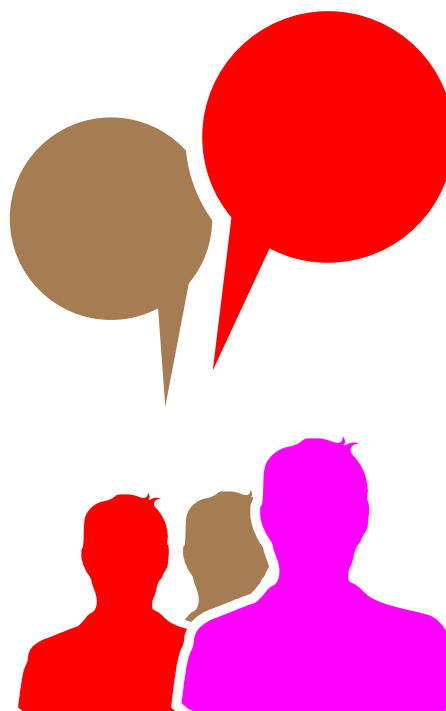
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Acknowledgements

The Iowa Hospital Association would like to acknowledge the IHA Council on Education and Member Services and the following workgroup members for their work and support of the plain language code initiative.

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