Local Implementation Pack for establishing a standard “Cardiac Arrest Call” telephone number for all hospitals in Europe – 2222

This is a Patient Safety initiative supported by the European Resuscitation Council (ERC), the European Board of Anesthesiology (EBA), the European Society of Anaesthesiology (ESA) and the European Patient Safety Foundation (EUPSF).

Action checklist
1. Meet and discuss with colleagues, nurses and resuscitation trainers. Nurses are most important as they are the staff who make the most of these calls.
2. Use the attached 2222 PowerPoint presentation at meetings if you wish.
3. Discuss with patients groups / representatives if available
4. Discuss with / Send letter to Hospital Medical Director / Management (see Draft letter to Medical Director /Hospital Manager below)
5. Discuss with switchboard colleagues the technical issues.
6. If possible continue to run the old number and 2222 in parallel for a period. If you can monitor the both numbers use, continue to use two numbers until old number is no longer used. If a new switchboard is being planned in the future it could be part of that programme.
7. Choose a suitable date to make the change.
8. Raise awareness, train staff, organise publicity, notices and posters.
9. Put 2222 stickers on every phone
10. Make the change on the appropriate date
11. Remind staff about the change
12. Thank staff and management for taking part in the process
13. Please report your successful change to ESA HQ by emailing psqc@esahq.org and share any learning suggestions about how to improve the implementation process that can be passed on to other hospitals wishing to also make the change.

Also see

Establishing a standard “Cardiac Arrest Call” telephone number for all hospitals in Europe—2222
Whitaker DK. Resuscitation, Volume 105, August 2016, Pages e25
doi:10.1016/j.resuscitation.2016.05.011


See SAFETY ACTION NOTICE below for one example of the process when they standardised the number to 2222 in Scotland in 2007.

www.hfs.scot.nhs.uk/publications/PSAN0714.pdf
ESTABLISHING EXTENSION NUMBER 2222 AS A STANDARD CRASH CALL NUMBER IN HOSPITALS

SUMMARY

By August 2007, NHS Boards will standardise the crash call extension number to 2222. The risks involved in this transition require to be actively managed.

BACKGROUND

1. There are a variety of crash call numbers currently in use in NHSScotland. In some hospitals, the number 2222 may be used for other types of emergency, e.g. fire, security etc.

2. Following an initiative by the National Patient Safety Agency to standardise the crash call extension number to 2222 in England and Wales, Scottish Medical Directors recommended that Scotland should adopt the same system and this has been endorsed by the Scottish Executive Health Department (SEHD). NHS Boards will implement the standardised system by 1 August 2007 for all healthcare facilities served by a 24-hour crash team.

3. SEHD has commissioned Health Facilities Scotland (HFS) and NHS Quality Improvement Scotland (NHS QIS) to co-ordinate the introduction of the standardised crash call number and HFS has established a project team to manage this process. A telecommunications manager has been seconded to HFS and will act as a central point of contact (see Enquiries) for all enquiries, in addition to gathering information on progress on the run up to the implementation date.

ACTION

4. This notice should be brought to the attention of all appropriate managers and staff.

5. NHS Boards should make preparations to standardise their crash call extension number to 2222 by 1 August 2007, for all areas served by a 24-hour crash team.

6. Each NHS Board should appoint a project leader to co-ordinate the implementation of the new crash call number. They should liaise with the central point of contact (see Enquiries) by 2 April 2007 to register their involvement initially and on an ongoing basis to enable information on progress (and difficulties) to be gathered centrally.

7. NHS Boards should ensure effective communication with staff regarding operational changes and training prior to any changeover to 2222. This should be included in the induction training of staff who are new to a particular healthcare facility.

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SCOTTISH HEALTHCARE SUPPLIES
Gyle Square Edinburgh EH12 9EB
A Division of the National Service Scotland for NHSScotland

CONTACT EMAIL: iris@ss.cscot.nhs.uk
FAX: 0131 314 0722
Dear Medical Director / Hospital Manager,

A standard “Cardiac Arrest Call” telephone number 2222 for hospitals in Europe

Preparation to standardise on 2222

8. NHS Boards should carry out a formal risk assessment and manage risks associated with the transition of crash call numbers to 2222, for example:
   a) change policy documents and signs stating the crash call number and keep staff informed.
   b) assess (possibly by survey) the effectiveness of communications, operational changes and staff training prior to 1 August 2007.
   c) repeat the assessment process if necessary before the changeover until the required level of preparedness is confirmed.
   d) ensure that the old crash call numbers are run in parallel with 2222 until the effectiveness of the changeover is confirmed, i.e. all staff are fully aware of the conversion to 2222.

9. Where 2222 is currently used for other types of emergency, e.g. fire, security, this may continue alongside the new crash call number, if necessary in order to meet local operational requirements.

10. The central point of contact (see Enquiries) should be informed when the successful implementation of the new crash call number is complete.

Coping with difficulties in standardising to 2222

11. NHS Boards which identify difficulty in standardising to 2222 by 1 August 2007 should take action to minimise the risks associated with retaining their old number(s), for example alerting staff, particularly new staff, to the use of a non-standard crash call extension number through appropriate signage and during induction.

12. NHS Boards should identify opportunities to convert to the standardised number as soon as possible (e.g. as part of planned switchboard changes) and to that end prepare plans in advance for the implementation of 2222 as the new crash call number when that happens.

13. The central point of contact (see Enquiries) should be informed of any difficulties envisaged with implementation of the standardised crash call number by the stated deadline.

ENQUIRIES

Central point of contact for enquiries and progress reports:

Mr Alan Hush, Telecommunications Manager, c/o Health Facilities Scotland, 4th floor Empire House, 131 West Nile Street, Glasgow G1 2RX. Tel: 0844 822 1000. Email: crashcallsproject@hfs.scot.nhs.uk
I am writing to ask for your help in connection with this important Patient Safety initiative supported by the European Resuscitation Council (ERC), the European Board of Anaesthesiology (EBA), the European Society of Anaesthesiology (ESA) and the European Patient Safety Foundation (EUPSF) to standardise the “Cardiac Arrest Call” telephone number to 2222 for all hospitals in Europe.

Outside hospitals in Europe 112 is the common emergency telephone number that can be dialled free of charge from most telephones in order to reach the emergency services.

Inside hospitals in Europe there is not a common emergency telephone number for “cardiac arrest calls” to summon the resuscitation team to patients. This seems to be an oversight which if standardised could improve patient safety, efficiency and be increasingly important as a staff frequently move between hospitals in their own countries and throughout Europe.

Some hospitals have a call bell system for cardiac arrests but the majority use a telephone system. One survey showed over 105 different numbers used in Europe that appear to be have been chosen largely at random, with 2222 as the most common. [http://newsletter.esahq.org/a-standard-cardiac-arrest-call-2222/](http://newsletter.esahq.org/a-standard-cardiac-arrest-call-2222/)

Knowledge of the “cardiac arrest call” number should be instinctive for healthcare providers – just like the 112 number is in Europe for the general population. It is common sense that having the same number throughout Europe would reduce the incidence of confusion and delays by staff having to remember or find out the correct number for each hospital when a patient has a cardiac arrest and they try to summon the resuscitation team. Consideration of human factors tells us that stressful situations like this automatically reduce the human’s ability to accurately and speedily recall information; precious time could be lost and patients’ lives put at risk.

The European professional bodies mentioned above, ERC, EBA, ESA, EUPSF all support this recommendation for the adoption of a Standardised Hospital Telephone Number for Cardiac Arrest Calls in Europe ¹ and we locally also fully support this. It is a low cost measure and a number of European countries have already successfully standardised the number to 2222.

It would appear that individual hospitals can decide to change their number to 2222 themselves we would like to suggest that our hospital considers changing to 2222 as soon as possible so that our patients can start to benefit from the implementation of this important safety initiative.

A local implementation pack is available from the ESA website and if you require any further information we would be delighted to help and provide it.

Yours sincerely

Dr …………………………….

Chairman

Department of Anaesthesiology

Reference