



**PLAIN  
LANGUAGE  
EMERGENCY  
ALERTS**

## **Stop Speaking in Code:**

Using Plain Language Alerts to Improve Communication in the Hospital in an Emergency



Texas Hospital Association

# Message from THA President/CEO



*Ted Shaw*

March 2018

Dear THA member hospitals:

In June 2016, the Board of Trustees of the Texas Hospital Association endorsed hospitals' and health systems' voluntary use of standardized, plain language emergency alerts in lieu of hospital-specific, color-based emergency codes. Using plain language to alert staff, physicians, patients and visitors to an emergency situation is part of our ongoing work to promote safety, reduce errors and increase transparency of communications and safety protocols.

The goals of using plain language are to:

- Promote the safety of patients, visitors, physicians and hospital staff.
- Reduce errors.
- Increase transparency of communications and safety protocols.
- Align with national safety recommendations.
- Reduce confusion for staff or physicians who work in more than one facility.

Since the 2016 endorsement, a number of Texas hospitals either have transitioned completely to plain language or are in the process of transitioning. It is our goal, however, for all Texas hospitals to adopt standardized, plain language alerts.

This resource is intended to provide an overview of plain language alerts and how to lead the transition in your hospital. In addition, THA's education team will be conducting webinars in late spring and early summer to help interested hospitals learn more and implement plain language alerts. More information also is available from [www.tha.org/plainlanguagealerts](http://www.tha.org/plainlanguagealerts).

The Board's decision to support the voluntary adoption of standardized, plain language alerts follows an extensive vetting by THA member hospitals. Truly a member-driven initiative, the plain language alerts project was launched when several member hospitals inquired into the use of a uniform code system beginning in 2011. THA's Hospital Physician Executive Committee reviewed the issue in 2014, and a full member survey was completed in 2015 to analyze the extent of current code variation and to gauge member interest in a uniform system. Following the survey, THA staff convened a workgroup of members to review the issue and make recommendations.

Using standardized plain language alerts across all Texas hospitals demonstrates our industry's continued commitment to improving and providing higher quality, safer care.

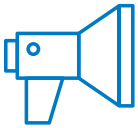
I look forward to your participation in this initiative.

Sincerely,



Ted Shaw  
President/CEO

# Plain Language Emergency Alerts



Using standardized, plain language emergency alerts is intended to promote clearer, more effective communication with the ultimate goal of improving patient and public safety. All Texas hospitals are encouraged to adopt plain language alerts, but it is not a prescriptive mandate. Interested hospitals should engage their emergency preparedness committees, hospital leadership and governance.

THA has numerous resources available to assist with implementation. Contact Carrie Kroll, vice president, advocacy, quality and public health at [ckroll@tha.org](mailto:ckroll@tha.org) or 512/465-1043 and visit [www.tha.org/plainlanguagealerts](http://www.tha.org/plainlanguagealerts) for educational materials, templates and guidance.

## Recommended Plain Language Alerts

The recommended plain language alerts are divided into four categories: facility alerts, medical alerts, security alerts and weather alerts.



### Facility Alerts

**Purpose:** Provide for the safety and security of patients, employees and visitors at all times, including the management of essential utilities.

Examples:

- Evacuation.
- Fire.
- Hazardous spill (but not mass patient decontamination).
- Loss of electrical power.

Event	Recommended Plain Language
Bed Capacity	“Facility Alert + Bed Capacity + Descriptor (location)”
Emergency Plan Activation	“Facility Alert + Emergency Plan Activation + Descriptor (location)”
Fire Alarm Activation	“Facility Alert + Fire Alarm Activation + Descriptor (location)”
Hazardous Spill	“Facility Alert + Hazardous Spill + Descriptor (location)”



### Medical Alerts

**Purpose:** Provide medical care and support to patients and incident victims while maintaining care and safety of patients, employees and visitors within a health care facility during an incident.

This is the only category where the recommendation is to keep the existing, widely used color code – Code Blue – and not replace the color with plain language. The rationale is that Code Blue is almost universally used and understood by health care providers and lay people alike as indicating a medical emergency.



## Security Alerts

**Purpose:** Protect employees, patients and visitors from any situation or person posing a threat to the safety of any individual(s) within the hospital.

Examples:

- Missing person.
- Armed violent intruder, active shooter, hostage.
- Bomb threat.
- Suspicious package.
- Combative person/patient.

Event	Recommended Plain Language
Armed Violent Intruder/Active Shooter/Hostage	“Security Alert + Descriptor (threat/location)”
Civil Disturbance	“Security Alert + Descriptor (threat/location)”
Combative Patient/Person	“Security Alert + Descriptor (threat/location)”
Lockdown	“Security Alert + Descriptor (threat/location) + Instructions”
Missing Person	“Security Alert + Descriptor”
Suspicious Package	“Security Alert + Descriptor (threat/location)”



## Weather Alerts

**Purpose:** Provide clear, plain-language instructions and situational awareness to hospital employees, patients and visitors in the event of dangerous or extreme weather events.

Examples:

- Flash flood, flood watch, flood warning.
- Severe thunderstorm.
- Tornado watch; tornado warning.
- Heat advisory.
- Winter weather advisory.
- Blizzard.
- Wind chill factor.

Event	Recommended Plain Language
Severe Weather	“Weather Alert + Descriptor (threat/location) + Instructions”

# Plain Language Emergency Alerts



## Recommended Timeline for Implementing Plain Language Alerts

The steps and timeline provided here are offered as guidance and should be modified to meet specific organizational priorities and approaches. THA recommends that hospitals follow these steps once they have established formal organizational approval to use plain language alerts.

### Pre-Implementation Action Steps

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#### Nine Months Before Implementation: **AWARENESS**

- Draft a letter from the CEO or governance board and disseminate widely among hospital employees and key external stakeholders.
- Include an announcement in the employee newsletter.
- Recognize any employees or committees willing to help implement plain language alerts.
- Announce a “go-live” date.

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#### Eight Months Before Implementation: **ESTABLISH COMMITTEES**

- Authorize a committee to review and update all policies.
- Authorize a committee to review and update all hospital materials.
- Authorize a committee or individuals to update the hospital emergency operations plan.
- Authorize a committee or individuals to update all code cards, flip charts, posters or other emergency management tools.
- Develop a formal education plan for all employees.
- Identify train-the-trainers to serve as educators and champions, announce the trainers’ names to hospital employees and schedule the trainer training.
- Establish and promote mechanisms for broad-based, frequent organizational communication, which could include:
  - Periodic staff emails.
  - Periodic newsletter articles providing updates and progress.
  - Posters, flyers or other materials that include the “go-live” date.

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#### Seven Months Before Implementation: **TRAINING PLAN**

- Conduct train-the-trainer competency-based training.
- Finalize education plan.
- Develop draft education materials; do not mass produce.

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#### Six Months Before Implementation: **FINALIZE POLICY AND TRAINING**

- Begin pilot testing hospital employee training.
- Revise training plan and materials based on pilot testing.
- Schedule organization-wide training sessions.
- Finalize and produce education materials.
- Finalize policies.

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Five Months Before Implementation: **TRAINING AND POLICY DISSEMINATION**

- Begin organization-wide training.
- Disseminate all materials to each hospital department.
- Disseminate all revised policies.
- Begin to disseminate posters, flyers and other awareness materials.
- Consider a challenge among hospital departments to complete training requirements.

**4**

Four Months Before Implementation: **UPDATES**

- Provide an update in the employee newsletter on the progress; include the “go-live” date.
- Continue with competency-based education.
- Continue to disseminate posters, flyers and other awareness materials.
- Update hospital governance and key external stakeholders, as appropriate.

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Three Months Before Implementation: **REINFORCEMENT**

- Continue organization-wide training.
- Continue communication through posters, newsletters, staff meetings and other forums, as appropriate.

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Two Months Before Implementation: **FINALIZE**

- Complete organization-wide training.
- Continue communication through posters, newsletters, staff meetings and other forums as appropriate.
- Ensure updated policies are available for all hospital employees.
- Ensure the emergency operations plan has been updated and formally adopted.
- Ensure all emergency management tools and resources have been updated.
- Ensure all telecommunication scripts, algorithms and materials have been updated.

**1**

One Month Before Implementation: **PREPARE FOR “GO-LIVE” DATE**

- Begin a daily or weekly countdown until the “go-live” date.
- Develop a mechanism to ensure clarification of any questions.
- Ensure all department managers are ready to implement the new codes.
- Provide broad, community-wide articles to educate the public on this change.
- Display awareness materials with the “go-live” date throughout the organization.

**Post- Implementation Action Steps**

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One Month Post Implementation: **INITIAL EVALUATION**

- Congratulate and recognize employees and committees for leading a successful implementation.
- Assess adoption of plain language alerts in staff meetings, education sessions and leadership team meetings.
- Conduct department drills to assess adoption during the first five months.

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Six Months Post Implementation: **EVALUATION**

- Conduct an organization-wide drill to assess adoption six months post-implementation.

# PLAIN LANGUAGE EMERGENCY ALERTS



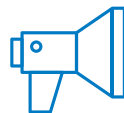
“Although there is always a degree of confusion with new initiatives, the feedback from staff and physicians has been overwhelmingly positive. The shift from codes to plain language is simpler than most people realize. When you provide useful, actionable information in a timely manner, no one seems to mind the lack of an associated color code.” **James Mitchell, assistant director of emergency management, Texas Children’s Hospital, Houston**

“Hendrick Medical Center began preparing for the switch from color-based codes to plain language emergency notifications in middle to late 2016, with implementation in January 2017. We believe our physicians, employees, patients and visitors benefit from the clearer, common sense communication in an emergency situation when every second counts.” **Tim Lancaster, president and CEO, Hendrick Medical Center, Abilene**

“We transitioned to plain language across the Children’s Health System in October 2017. Since the roll out, we’ve heard only positive feedback about how staff appreciate how clear the information is and how it is easier to understand.” **Lori Vinson, RN, senior director, trauma, emergency services, EMS, PESN, emergency management and injury prevention, Children’s Health, Dallas**

Stop speaking in code. Switch from color-based emergency codes to **plain language alerts** to more easily and clearly notify staff, patients and visitors of an emergency in the hospital.

## Using your hospital’s emergency alert system:



### State the Alert Type

For example: Medical, Security, Facility or Weather



### State the Emergency Event Type

For example: Missing Person, Fire, Hazardous Spill or Person With a Weapon



### State the Specific Location

For example: Department, Floor Location and Room Number



### State Action Desired

For example: Shelter in Place



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For more information and help in implementing plain language alerts in your hospital, visit [www.tha.org/plainlanguagealerts](http://www.tha.org/plainlanguagealerts) or contact Carrie Kroll at THA at [ckroll@tha.org](mailto:ckroll@tha.org).