



Survey Reveals Move Toward Uniformity in Hospital Emergency Codes

While most health care facilities use some form of emergency codes system to discreetly relay urgent information, the application of specific codes are not always consistent between facilities.



HASC welcomes feature articles and analysis on emerging issues from our hospital and associate members. Please contact Pat Wall, pwall@hasc.org, for guidelines on article submissions.

By Aviva Truesdell, Senior VP, AllHealth Security Services

In August 2011, the California Hospital Association (CHA) surveyed facilities statewide to assess the use of hospital emergency codes to quickly convey urgent information to hospital personnel during emergency situations. Findings show significant growth in code standardization among the 240 respondents since the last survey conducted in 2009.

Of the 13 measures surveyed, the most significant growth appeared in the number of facilities implementing a code for bomb threats—three out of four hospitals now report using Code Yellow—and the use of a general emergency alert (Code Triage Alert) grew from 1.5 percent in 2009 to 77 percent in 2011. (See Table 1.) However, inconsistencies remain: the majority of hospitals have no code for patient elopement, for example, and 40 percent of hospitals use something other than Code White to announce pediatric medical emergencies.

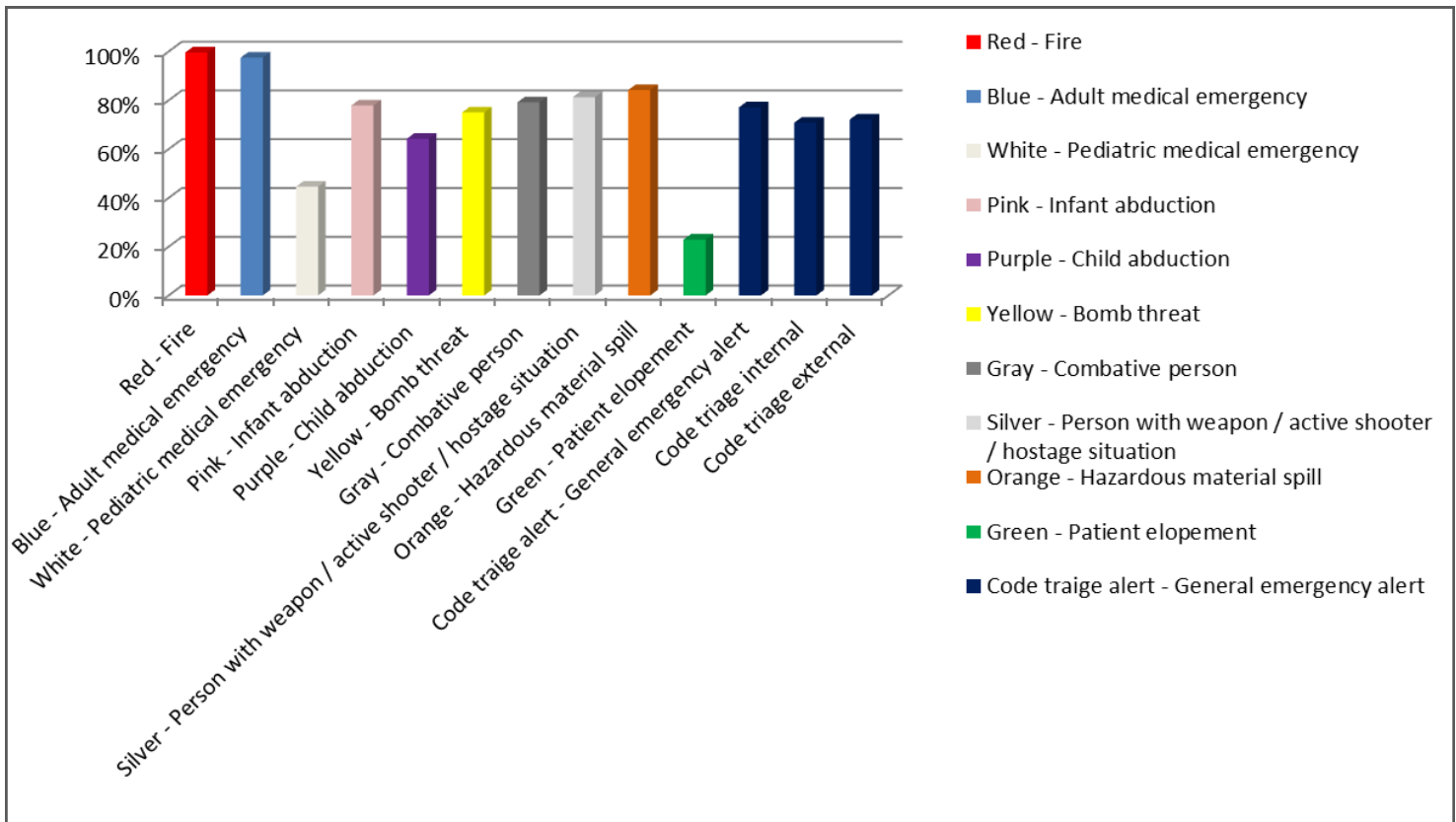
The move to standardize the codes began over a decade ago after three people were killed in a shooting at an area medical center when the wrong code was called. While codes for fire (Red) and medical emergency (Blue) were similar in 90 per-

cent of California hospitals queried after the incident, there were 47 different codes used for infant abduction, 61 for combative persons, and no code existed for a person with a weapon/active shooter/hostage situation.

The Hospital Association of Southern California (HASC) spearheaded change in December 1999 by establishing the Safety and Security Committee to address issues related to safety at health care facilities, including the lack of uniformity among emergency code systems. Comprised of local representatives from member hospitals with expertise in safety, security, licensing and accreditation, the Committee published "Health Care Facility Emergency Codes: A Guide for Code Standardization," a handbook listing various codes and guidelines hospitals can voluntarily implement to:

- Improve patient care and safety
- Reduce duplication of work using one standard to train staff
- Provide consistency for staff and physicians who work across multiple facilities, making delivery of care less complex and easier to provide
- Reduce the potential for confusion and the likelihood of communicating misinformation during critical times

Table 1: Percentage of California hospitals using standardized codes. Source: *Hospital Emergency Code Standardization Survey, Survey Summary Report, California Hospital Association, Sept. 2011.*



As a direct result of the 1999 incident and the committee’s work, 94 percent of hospitals now have a code for a person with a weapon/active shooter/hostage situation, with 81 percent of survey respondents using Code Silver as their standard.

Today, 34 hospital associations in different states recommend standardizing emergency codes. The 11 codes advocated by the HASC Safety and Security Committee are used at a majority of facilities throughout California and are widely supported by nursing leaders, physician associations, and quality commissions across the United States.

For more information about codes in California, or to access a copy of the complete survey, please contact Aviva Truesdell at atruesdell@hasc.org.

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About the Author

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