FIVE STRATEGIES TO STREAMLINE HOSPITAL EMERGENCY CALLS
Emergencies within a hospital require immediate action, and effective and efficient communications are at the foundation of a successful response plan. A minute can mean the difference between life and death, so processing these codes quickly is imperative. Emergency calls are more complicated than just overhead announcements and can require notifying dozens, or even hundreds of people. In some cases, such as a large influx of patients following a major incident, the individuals needing to respond are not even at the hospital—they must be alerted on whatever mobile device they carry.

Think about the ways your hospital handles emergency calls and other important notifications.

- Are calling trees involved to mobilise on-call staff for major incidents such as bombings or storms?
- How much time is wasted playing phone tag, tracking pages, or calling provider after provider to identify who’s on call?
- Is someone typing and sending texts to notify the right people of important outages that need to be addressed, such as medical gas?
- Are you in control of communications when your organisation must successfully manage a critical event according to your business continuity/disaster recovery (BCDR) plan or Care Quality Commission (CQC) standards?

The following five tips offer ideas to streamline your code response process and speed the delivery of quality care when timely response is essential.

**INTRODUCTION**

**EMERGENCY ALERTS**

The NHS National Patient Safety Agency standardised emergency call number: 2222

Crash Call - cardiac arrest
In a non-emergency situation, the timeliness of provider response to a patient call can affect patient satisfaction and safety. In an emergency, lost seconds can mean lost lives. It’s imperative that the appropriate caregiver or team be dispatched as soon as possible to help the patient in need. There are several components that can make this part of the care puzzle easier: (1) up-to-date on-call schedules (2) the ability to quickly get messages to individuals or groups—such as a code STEMI (ST-elevated myocardial infarction) response team for heart attack patients—without time-consuming calling trees, and (3) technology to monitor responses and automatically escalate unanswered notifications to ensure that the right people respond—fast.

**TAKE ACTION:**
Track emergency call response times in critical hospital departments to get a baseline. Evaluate the communication workflows and your current technology for these three key components (on-call schedules, group messaging capabilities, and automatic escalations). Identify areas that could be improved.

**CASE STUDY**
Munson Medical Center handles emergency notifications across a nine-hospital network

"We used to have someone texting on a mobile phone to reach Emergency Department staff; they used to spend hours on the phone. Now one single message goes out to everybody…. First responders en route to the hospital can now trigger a code STEMI, and the OR is already set up and ready when the patient hits the door."

Mary Klein
IT Customer Support Manager
Munson Medical Center

"For code STEMIs, there were a multitude of calls being made that didn’t need to be. A lot of time was being wasted. It all just happens now…. and we’ll be able to save more lives."

Andrea Daniels, RN, BSN
Director of Cardiovascular Services
IU Health Goshen Hospital

**CASE STUDY**
IU Health Goshen Hospital coordinates 30 people simultaneously, from the attending cardiologist to imaging technicians, and reduced average code STEMI door-to-balloon times from 129 minutes to 68.

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STAY ON TOP OF THE SITUATION

Sending alerts to the right staff after initiating an emergency call is just the first step in the response process. If the message isn’t answered quickly, or isn’t answered at all, patient care will suffer. Being able to monitor each emergency as it unfolds to ensure that all emergency calls, alerts, and messages have been received by the appropriate personnel in a timely manner is a requirement. If an individual’s call-to-action remains unacknowledged, the notification should be automatically escalated to another responder. Real-time reporting and tracking allows human oversight, as well as provides documentation that can be used for later analysis and process improvement.

TAKE ACTION:
Check industry best practices for communications to compare against the procedures in your facility, especially as they relate to confirmation of receipt and escalation of emergencies.

FOR CONSIDERATION:
Does your emergency notification and incident management system allow for real-time monitoring and auditing for post-incident analysis? These are important capabilities that should be part of any comprehensive emergency notification system.

GET CRITICAL INFORMATION INTO THE RIGHT HANDS – STAT!

Especially in an acute-care setting, patient vitals, lab results, radiology results, and other important information often forms the basis for life-and-death decisions. Those results should be transmitted as quickly as possible to the appropriate person. This often means sending secure text messages to the ordering doctor’s smartphone or other device. Not only does this improve patient care, it also cuts down the time that providers spend tracking down important details. And critical test results require the same handling as medical codes to ensure acknowledgment of the result in a timely manner, and escalation if needed.

TAKE ACTION:
Examine how patient vitals and test results are handled in your hospital. How much time does your staff spend playing phone tag to communicate patient information? How does that impact patient care? Consider a solution that can cut that wasted time from the communication workflow, as well as document doctor acknowledgment of critical results directly in the EMR.

“…we needed a way to measure the turnaround time it takes for requesting clinicians to actually receive and acknowledge test results after they are made available. The reporting and audit trail capabilities…give us a clear view of the communications from start to finish.”

Dr. Derek Glenn
Director of Radiology
St George Hospital

NEWS RELEASE
St George Hospital in Australia sends radiology test results directly to the requesting clinicians’ smartphones, accelerating patient treatment plans and care.

DISCOVER HOW »
INTEGRATE COMMUNICATION CHANNELS

For patients with emergent conditions such as stroke or myocardial infarction (MI), lost seconds can result in permanent, debilitating conditions or death. A study\(^2\) of how to accelerate interventions for MI noted a nearly 14-minute time reduction by utilising centralised communications to activate the cath lab. Real-time data feedback gained another nine minutes. A central communication system that works with the devices providers are using, with escalation capability to make sure that communications are answered quickly, can speed response and improve patient care.

**TAKE ACTION:**
Take a close look at the communications infrastructure within your organisation. It should work with the devices your staff uses, allow users to set their contact preferences for multiple devices, and support centralised calling, call escalation, tracking, and auditing.

**CASE STUDY**
Franciscan St. Anthony Health reduced code STEMI activation times by 43 percent.

"Two of our code STEMI\'s have had total door-to-balloon times of under 60 minutes."

Joy Slutzkin
Chest Pain Center Coordinator
Emergency Department Nurse
Franciscan St. Anthony Health

READ HOW »

THINK BEYOND THE MEDICAL CODE

Your communications infrastructure should be able to handle routine patient calls, provider-to-provider interactions, call escalations, and the timely reporting of test results. But it should also form the core of your notification and response system to keep staff informed during major incidents, weather events, and outages like power or medical gas. It could be used to manage other types of notifications, as well, such as blood fridge temperatures, door access alarms, and even telemetry lead disconnects. Your system should easily handle the ordinary—and the extraordinary—notification and communications needs of your facility.

"Our cardiology group, operator group, nurses, emergency medical services, customer care resource center, and emergency preparedness departments all… coordinate two-way emergency notifications without complex and time-consuming call trees."

Mary Ann Wise
System Administrator/Call Center Manager
Northeast Georgia Health System

FOR CONSIDERATION:
How do you inform staff about weather events or major incidents? Is your process time-efficient to notify on-call staff they are needed? Do you have a comprehensive emergency notification and incident management system?
CONCLUSION

Hospitals run better when communications flow smoothly. From emergency calls and test results, to provider-to-provider communications, efficient and timely notifications can speed care and improve clinical outcomes. Your emergency call process should be viewed as an integral part of the overall technology infrastructure at your hospital or health system and integrate with your other communication pathways and solutions. Eliminating calling trees, tracking responses in real time, and maintaining an audit trail of event communications are all smart ways to streamline hospital emergency calls and provide better support for your staff and your patients.

To shave minutes off your emergency call process, your emergency notification and incident management system should allow you to accomplish all of these:

- Coordinate the right people quickly, including on-call and remote staff
- Verify messages have been received and the appropriate number of responders are on their way with real-time monitoring, automatic escalations, and an audit trail of all activity
- Get critical information into the right hands – STAT
- Integrate communication channels and allow you to reach responders on any devices they carry
- Think beyond the medical emergencies and use the system for fire alarms, weather events, and other non-medical emergencies that require fast response
References

1. http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59789