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POSITION STATEMENT: STANDARDISATION OF CARDIAC ARREST/MEDICAL EMERGENCY CALL TELEPHONE NUMBERS IN HOSPITALS AND HEALTHCARE FACILITIES – 2222

Review Group:

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Objective

The objective of the WFCCN review group was to examine relevant existing global literature and activities in order to create a position statement that provides consistent information and guidance to assist critical care nursing associations, healthcare societies and regulators, health and hospital services, educational facilities, and other interested stakeholders to implement a standardised cardiac arrest/medical emergency call telephone number into their communities.

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Preamble

The *Position Statement: Standardisation of Cardiac Arrest/ Medical Emergency Call Telephone Numbers in Hospitals and Healthcare Facilities – 2222* provides a contemporary view of how standardisation informed by human factors research can improve the responsiveness of health practitioners to patients and others who suffer a cardiac arrest/medical emergency in a hospital or healthcare setting. WFCCN has worked collaboratively with leading international critical care organisations to develop this statement for the benefit of all.

It is acknowledged that as technology and artificial intelligence solutions become more accessible to the healthcare industry, the use of the telephone as a means to call for help during a cardiac arrest/ medical emergency call may become superseded by more efficient systems. However, at this point in time, the telephone is the most flexible and primarily used method to raise a cardiac arrest/ medical emergency call in a hospital or healthcare facility,

Central Principles

1. Delays in rapid response to a patient suffering a cardiac arrest call/ medical emergency in hospital and healthcare facilities can lead to unnecessarily poor outcomes.
2. Human factors research indicates that stressful situations automatically reduce human ability to accurately and speedily recall information; vital time may be lost and patients' lives may be put at risk.
3. Having a nationally agreed standardised telephone number for cardiac arrest/medical emergency calls in hospitals and healthcare facilities will make it easy for staff to do the right thing every time.
4. Standardised education strategies including simulation and scripted language that is contextually and culturally appropriate will enhance staff recall and correct action.
5. Healthcare staff increasingly move posts between different hospitals and also different countries and having a standardised telephone number for cardiac arrest/medical emergency calls could prevent wasted time by using the incorrect number and patient safety could be put at risk by any delay in the team being called.
6. Encouraging global standardising of the cardiac arrest/ medical emergency call in hospitals and healthcare facilities as 2222 is the most efficient solution as many countries have already adopted and standardised this number.
7. In countries where cardiac arrest/ medical emergency resuscitation teams are not yet established designating 2222 as the number to be used in the future will embed this patient safety initiative from the outset.
8. Where hospitals have old technology that do not accept a four-digit number, allowing 222 or 22222 as a compromise to 2222 should be considered till such time as the technology is upgraded to accept a four-digit number.

WFCCN Position

All healthcare systems and hospitals of the world should:

- Support and inform international regulation or legislation to legitimise and ensure standardisation of the cardiac arrest/medical emergency call number: 2222.
- Encourage international and national health bodies, professional societies, health departments and ministries to work collaboratively to achieve consensus on implementation of a standardised cardiac arrest/medical emergency call number across the hospital and healthcare sector.
- In every healthcare facility, establish a policy and procedure for the standardisation and implementation of 2222 as the cardiac arrest/medical emergency call number.
- Strategically plan communication and awareness training to all staff to ensure a clear transition process, date, and time when the existing old number will be replaced by the new

2222 regime. If possible, both numbers should continue to be used simultaneously until it is deemed safe to remove the old number.

- Orientate new staff to the 2222 regime and ensure appropriate signage is visibly accessible to guide all staff in the appropriate procedure for calling for help in the event of a suspected cardiac arrest/medical emergency.
- All healthcare facilities should institute before and after metrics to measure the effectiveness and improvement of the new 2222 regime, including but not limited to: random staff recall of cardiac arrest/medical emergency call number and procedure; time from identification of cardiac arrested patient to call; cardiac arrest/medical emergency patient outcomes and survival rates.
- Every nursing, medical and other healthcare student should be taught the standard number at the beginning of their training and at periodic refresher training.
- Regulators and health departments should report the initiative to patient groups/ organisations and through mass media to inform the community of the importance and value of the initiative to further enhance patient safety in their health system.

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