European Standardisation of the in-hospital 'Cardiac Arrest Call' Number – 2222

The European Resuscitation Council, the European Board of Anaesthesiology and the European Society of Anaesthesiology have today issued a joint statement calling upon European hospitals all to use the same internal telephone number (2222) to summon help when one of their patients has a cardiac arrest.

A recent survey has shown that 76% of European hospitals use a telephone to call the resuscitation team but at least 105 different numbers are used, ranging from 19 to 25445. The commonest number reported to be used is 2222.

One study in Denmark showed that 74 hospitals used 41 different numbers, and 50.5% of the staff could not remember the number to call in their own hospital.[1]

If nursing and medical staff do not instinctively know the emergency number it delays the arrival of resuscitation teams. Miscommunication involving the cardiac arrest number has been shown to occur in almost 1 in 10 patient safety incidents at cardiac arrests.[2]

The Chairman of the European Resuscitation Council, Professor Maaret Castren from Helsinki, has said *"standardising the European cardiac arrest call number is an important patient safety issue because an increasing number of nursing and medical staff move between hospitals as well as around Europe. The great variety of numbers can lead to delays in summoning assistance"*

President of the European Board of Anaesthesiology (EBA), Dr Carmel Abela from Malta, commented *"Some European countries that have already changed their hospitals' number to 2222 have found it to be a quick, low cost, and effective measure. Currently inside hospitals in Europe, there is no single standard emergency telephone number for cardiac arrests, unlike the standard emergency telephone number 112 used out throughout Europe outside hospitals."*

President of the European Society of Anaesthesiology (ESA), Dr Zeev Goldik from Israel said *"because there is such a variety of numbers currently used, it suggests that the choice of number was probably made in hospitals locally. Therefore, it should also be possible for hospitals locally to make a new decision, with patient safety in mind, to standardise their own number to 2222.[3] Any hospitals wishing to do this may find the action guidance from the National Patient Safety Agency [4] and NSS Health Facilities Scotland [5] useful."*

All these professional groups are now working to standardise the telephone number used to summon the resuscitation teams throughout all hospitals in Europe.

Martin Bromiley, Chair of the Clinical Human Factors Group (CHFG) commented that *"Standardisation has been shown to be an effective mechanism for reducing human error in complex*

processes or situations. The CHFG fully supports this Patient Safety initiative and encourages all European Hospitals to standardise their 'Cardiac Arrest Call' telephone number to 2222."

It is hoped that this change will avoid the confusion that can arise when staff move from one hospital to another within their own countries and, increasingly, around Europe. It should also ensure that all healthcare professionals are clear what the 'cardiac arrest call' number is, regardless of where they are working in Europe, thereby increasing patient safety.

The European Resuscitation Council and the European Board of Anaesthesiology have issued the following Patient Safety Recommendation advising standardisation throughout Europe to the number 2222.

The European Resuscitation Council and The European Board of Anaesthesiology recommend a standard Cardiac Arrest call telephone number in European hospitals.

The European Resuscitation Council and the European Board of Anaesthesiology recommend that all European Hospitals standardise the internal telephone number used for a cardiac arrest call* to the number 2222.

It makes inherent logical sense that a standard cardiac arrest call number should be engrained in the minds of all doctors and nurses. Confusion by staff trying to summon the resuscitation team can lose precious time and put patients' lives at risk.

Since 2004 this standard number has already been successfully adopted in several European countries and because of the increasing free movement of healthcare staff around Europe it will be an extremely low cost measure to increase Patient Safety

An estimated average cost of converting to 2222 for those Hospitals using different numbers is 7,500 euros.

---

*A Cardiac Arrest call is the process used to summon help when a patient requires resuscitation after suffering a cardiac arrest or similar catastrophe. Most hospitals use an internal telephone number and some give it another name such as 'crash call' or 'code blue'

Patient Safety Alert 02, Establishing a standard crash call telephone number in hospitals. NPSA 2004 http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=59789&p=4

References

1. Sukhmeet S. Agnieszka M. Ignatowicz, Liam J. Donaldson. Errors in the management of cardiac arrests: An observational study of patient safety incidents in England. Resuscitation, Volume 85, Issue 12, December 2014, Pages 1759-1763

2. B. Løfgren, C.B. Larsen, M.L. Rasmussen, F.L. Henriksen, N.H. Krarup. Limited knowledge of the crash call number among hospital staff—A call for standardisation Resuscitation (2010), http://dx.doi.org/10.1016/j.resuscitation.2010.09.122

3. Whitaker DK. Establishing a standard "Cardiac Arrest Call" telephone number for all hospitals in Europe—2222. Resuscitation (2016), http://dx.doi.org/10.1016/j.resuscitation.2016.05.011

4. Establishing a standard crash call telephone number in hospitals. National Patient Safety Agency; 2004. http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59789

5. Safety Action Notice. Establishing extension number 2222 in Scotland as a standard cardiac arrest call in hospitals. NSS Health Facilities Scotland; 2007. http://www.hfs.scot.nhs.uk/publications/PSAN0714.pdf

Details of the recommendation can be obtained from the European Board of Anaesthesiology http://www.eba-uems.eu/resources/PDFS/safety-guidelines/EBA-recommendation-on-standardised-cardiac-arrest-call-no-Nov-2015.pdf

A presentation and local implementation pack can be obtained from the European Society of Anaesthesiology https://www.esahq.org/resources/resources/cardiac-arrest-call/

Notes for Editors

The European Resuscitation Council (ERC) has the objective "To preserve human life by making high quality resuscitation available to all." It coordinates resuscitation matters in Europe through a network of National Resuscitation Councils producing guidelines and recommendations appropriate to Europe for cardiopulmonary resuscitation (CPR). It promotes the audit, teaching and research of resuscitation practice and promotes political and public awareness of resuscitation in Europe. It also advises relevant European and other national and international bodies on all matters related to CPR.

Contact Tel: +32 3 246 46 66

https://www.erc.edu/

The European Board of Anaesthesiology (EBA) is the Anaesthesiology Section of UEMS (European Union Medical Specialities) dealing primarily with Anaesthesia and Resuscitation, as well as Intensive Care, Emergency and Pain Medicine. The aims of the EBA UEMS are: high quality and safe healthcare (Anaesthesiology) to all EU citizens, highest level of training of Anaesthesiologists, free movement of anaesthesiologists and participation and representation in other bodies and organisations. Being part of UEMS it also has the aims and strategies of UEMS. . The EBA Patient Safety Committee is chaired by Dr David Whitaker

Contact Tel +32 2 649 51 64

emailaddresswhitaker2000@gmail.com

http://www.eba-uems.eu/

The European Society of Anaesthesiology (ESA) holds the most prominent position in the community of anaesthesiologists in Europe and elsewhere. The ESA mission statement is 'To aim for the highest standards of practice and safety in anaesthesia, perioperative medicine, intensive care, emergency medicine and pain treatment through education, and research and professional development throughout Europe'. The ESA/EBA Helsinki Declaration on Patient Safety in Anaesthesiology has been signed or is supported by over 130 anaesthesiology societies and industry worldwide. The ESA Patient Safety and Quality Committee is chaired by Dr Johannes Wacker.

Contact Tel: +32 2 210 57 72

email: psqc@esahq.org

http://www.esahq.org/

The Clinical Human Factors Group is a UK based charity whose sole aim is to promote best practice in human factors, a science that has successfully helped make other safety critical industries safer by "making it easy to do the right things". www.chfg.org