INTRODUCTION
Like in most hospitals in United States, at Children’s National Medical Center, the old “overhead” intercom system has traditionally been used to announce “anesthesia stat” alerts. However, there are several problems associated with this system.

• The calls are not consistently heard by perioperative personnel.
• The announcement can be heard by patients and parents in preoperative area and PACU.
• The intercom is utilized for announcements/requests other than “anesthesia stat” calls which could create confusion.

The aim of this innovation is to improve the quality of “anesthesia stat” alerts.

METHODS
“Code blues” are rarely alerted in the perioperative area. Instead, “Anesthesia Stats” are used for all the emergencies in preoperative area, operating rooms and PACU. The perioperative team along with hospital IT team met and developed an action plan to change the way for notifying the perioperative personnel of anesthesia stat calls. We decided to change the “code blue” buttons which were available in each OR, PACU and preoperative bay to read “ANES STAT” (figure). Biomedical team then reprogrammed the alerts from pushing these buttons to send out anesthesia stat (instead of code blue) alerts to all perioperative internal mobile phones. When new “anesthesia stat” button is activated, the personnel will receive both an alarming sound and a text message of a stat location directly to their phones (figure). In addition, the “code” blue ceiling lights around the stat location will be blinking along with an audible alerting sound.

Old intercom system became a backup when there is no response to pushing the new anesthesia stat button. To activate the hospital code blue team, personnel can call an operator directly using a designated number.

RESULTS
After all perioperative personnel had been educated, the new system has been implemented from July-November 2015. Total 21 anesthesia stat alerts have been activated in the past 4 months with no issues. The old intercom system was used only one time by mistake because the PACU nurse was anxious when the patient was deteriorating and forgot about the newly implemented process. Biomedical along with anesthesia team conduct a test every 3 months to assure the integrity of the system.

CONCLUSION
The rarely used “code blue” buttons in perioperative area can be converted to more useful “anesthesia stat” buttons. This new alerting system is less disruptive and more discreet than overhead paging system and yet proven to be at least as effective.

REFERENCES
1. Martin, N. Anesthetic emergency call use at Royal Children’s Hospital, Melbourne. Presented at Joint SPA/SPANZA – 24th Annual Meeting; October 15, 2010; San Diego, CA.