

The Guide:

The project leverages the foundational clinical alarm management capabilities that are currently used by [name of your hospital] to integrate alarms from [name of existing integration] to [name of notification device or platform] to include [name of patient monitoring or other clinical alarm platform].

This enhancement will provide a cohesive and consistent approach to managing critical clinical alarm traffic, and allow for the future inclusion of additional alarm types (e.g. ventilators, infusion pumps, PCA pumps etc.). It will allow the organization to systematically work towards JCAHO's National Patient Safety Goal guidance regarding alarm safety.

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Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

https://www.jointcommission.org/hap_2017_npsqs/

Phase one begins Jan. 1, 2014, when hospitals will be required to establish alarm safety as an organizational priority and identify the most important alarms to manage based on their own internal situations. Phase two begins Jan. 1, 2016, when hospitals will be expected to develop and implement specific components of policies and procedures, and to educate staff in the organization about alarm system management.

As part of the deployment process, the clinical alarm committee (and relevant additional stakeholders) will have the opportunity to review all alarms, determining:

- Which alarms should trigger notifications
- Under what conditions should those alarms trigger notifications (e.g. some alarms may be delayed/suspended)
- Which caregivers should receive those notifications
- What escalation paths those alarms should take

Some anticipated outcomes are:

- Increased visibility to alarm activity the may contribute to sentinel events (or near misses) bolstering and supporting patient safety initiatives and providing support necessary to avoid and/or defend against litigation
 - Should an event take place, the organization will have immediate access to detailed forensic reporting that detail alarm and notification activity at the time of the event
- Mitigation of alarm fatigue by providing the details necessary to:
 - Work towards the lowering of the actual audible alarm volume level at the patient monitor which can support higher HCAHPS scores regarding noise levels (support a quieter hospital)
 - Determine the filtering of nuisance alarms or alarms that self-correct
 - Consider alarm escalation options to bolsters staff satisfaction by giving a busy staff member backup workflow should they not be able to respond
 - Target the proper staff member appropriate to respond to an alarm. Some potential benefits include:
 - Caregivers will be given immediate detail on “priority” and “severity” of alarms so that they can properly modulate their responses.
 - Lower priority alarms like “Leads off” or “Low Battery” can potentially bypass RNs and go to PCA or other staff
- Data provided will allow nursing management to monitor workload, provide support to overtaxed team members and feedback to under-performers, as well as historical detail necessary for researching both safety and customer service events. A properly specified and configured platform can provide:
 - In-depth metrics regarding the quantities, locations, priorities, and other key dimensions will give management and the alarm committee real-time and historical overview/detail of alarm behavior/trends. This is information that is not available today at our hospital.
 - A uniform framework for benchmarking alarm behavior, including the structure to properly set and monitor organizational alarm goals (in a normalized fashion),
 - Decision support tools to:
 - Make future modifications at the alarm source to ensure that the right thresholds are alarming
 - Optimize staff workflow so that the correct staff are alerted with the appropriate alarms
 - Other key finetuning that will result in a more controlled and predictable alarm environment