Clinical Alarm Management

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West Kendall Baptist Hospital (WKBH) ICU is implementing best practice for alarm fatigue and clinical alarm management through noise reduction and the interprofessional collaborative interventions. Adopting the recommendation from the American Association of Critical Care Nurses to manage clinical alarms, promising outcomes prove to be the answer to alarm fatigue and improve patient safety and satisfaction.

Meeting the challenge of alarm fatigue and hospital background noise exceeding the recommendation from the World Health Organization, this best practice aims at reducing the noise levels and the false alarms from the cardiac monitors.

An interdisciplinary team met, planned and committed to continually resolve issues related with alarm management. The team included members from the Nursing, Biomedical Engineers, Pharmacy, Respiratory, Physician and Industry partners.

This evidence-based practice (EBP) project utilized the Clinical Excellence Through Evidence-based Practice (CETEP) model of define, assess, plan, implement, and evaluate.

Before the education and implementation of the intervention, the average alarm/alerts in the ICU was between 100-120; The practice has reduced the alarm and alert by 80 percent without any alarm related codes. The unit is less loud and there is better response to the alarms as a result of having decreased the number of false and non actionable alarms. There is better awareness of noise levels in the unit.

The goals in the strategies for noise reduction and clinical alarm management is for patients safety because alarm fatigue develops when a person is exposed to a number of alarm, this results in desensitized response to the alarm causing a delay in responding to the alarm or dismissing the alarm altogether.

Patient satisfaction is met as a result of the promotion of rest and sleep through noise reduction.

Employee satisfaction is also met as a result of the interventions to prevent alarm fatigue.

Reference