VHA Patient Safety Assessment Tool (PSAT)

The VHA Patient Safety Assessment Tool (PSAT) was developed to assist managers and staff in conducting an objective assessment of a patient safety program. Fundamentally, it is a survey tool that allows anyone with access to continuously document the status of a wide variety of safety issues. Surveys can be created at the local, VISN or national level.

PSAT is a Web-based application which can be accessed from any computer or mobile device that utilizes Adobe Flash. Data can be entered and saved at any point in the survey process with the results available to staff with PSAT permission levels at the local, regional or national levels. In addition action plans can be developed and tracked to help mitigate found risks.

PSAT has been used for several years to document facility compliance with The Joint Commission's National Patient Safety Goals. This year, NCPS created a survey for the 2014 NPSG on Clinical Alarms Safety which is provided below.

Clinical Alarms - Tom B Created: 09/06/2013 Owner: Mary Falcon

6.00 Patient Safety Policies, Tools and Aids

References

21.00 Clinical Alarm Management

6.00-21.00-1.00 * Hospital leadership has established a safe-alarm management process as a hospital priority, including response in high risk areas (as identified by the organization).

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: It is important for the facility to understand its own situation and develop a systematic, coordinated approach to clinic alarm system management. Evidence of leadership involvement may include current hospital policy memo, mandatory employee training on the importance of appropriate alarm management, device purchase strategy that includes assessment of alarm functionality.

Comments: POC:

6.00-21.00-2.00 * A cross-disciplinary team comprised of physicians and nurses, biomedical engineering, information technology, facilities management and risk management has been established to oversee the management of alarm safety and alarm fatigue in all patient care areas.

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Evidence indicates that clinicians can become desensitized or immune to the sounds of alarms. Having clinicians on the cross disciplinary team ensures that awareness of the issue is maintained.

Comments: POC:

6.00-21.00-3.00 * Cross-disciplinary team meets at regular intervals to develop and ensure implementation of policy and guidelines for alarm safety as well as identify trends in alarm related incidents to look for opportunities for improving alarm use.

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: A regular, reproducible process should be in place to assure ongoing events are considered as well as to assure that new technology is factored into the plan for the facility.

Comments: POC:

* indicates compliance is mandatory

6.00 Patient Safety Policies, Tools and Aids

21.00 Clinical Alarm Management

References

6.00-21.00-4.00 * Policy and Guidelines for managing alarms are in place and strategies are developed to address vulnerabilities. At minimum, the policy must include:

- clinically appropriate settings for alarm signals (based on class of patient in each care area)
- when alarm signals can be disabled
- when alarm parameters can be changed
- who in the organization has the authority to set alarm parameters
- who in the organization has the authority to change alarm parameters
- who in the organization has the authority to set alarm parameters to "off"
- expectations for monitoring, communicating and responding to alarm signals
- checking individual alarm signals for accurate settings, proper operation, and detectability;
- identification of situations when alarm signals are not clinically necessary.

Guidelines should include default settings and appropriate limits, as well as identification of the most important alarm signals to manage. This should be based on:

- input from the medical staff, nursing staff and clinical department leaders
- risk to patients if the alarm signal is not attended to or if it malfunctions
- whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
- potential for patient harm based on equipment incident history
- published best practices and guidelines

Joint Commission NPSG-06-01-01

Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Attach your algorithm for rating the importance of alarm signals as evidence of fully meeting the requirement. This will be used to identify your inventory of alarm-equipped medical devices used in high risk areas and for high risk clinical conditions.

Comments:

POC:

* indicates compliance is mandatory

6.00 Patient Safety Policies, Tools and Aids

21.00 Clinical Alarm Management

References

6.00-21.00-5.00 * Adoption of alarm technology is driven by a priority-setting process (not by technology).

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Evidence may be provided through purchase guidelines for your facility that include an analysis of alarm technology for devices that have alarms; report on facility purchases of devices that contained alarms to see that this analysis was performed.

Comments: POC:

6.00-21.00-6.00 * Clinical alarm related incidents are entered into the NCPS SPOT database as evidence of sharing information and developing prevention strategies and lessons learned

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Reporting events, whether to Patient Safety or FDA, as appropriate, allows for proper risk scoring and analysis in addition to being able to consider the event for future prevention strategies in the alarm management plan.

Comments: POC:

6.00-21.00-7.00 * An inventory list of alarm-equipped medical devices used in high-risk areas is maintained and current.

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: This list should be incorporated into policy and updated appropriately.

Comments: POC:

6.00-21.00-8.00 * Acoustic levels have been assessed to allow critical alarm signals to be audible outside the patient's room and outside the central station and remote annunciator areas.

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Assessment should include worst case scenario.

Comments: POC:

* indicates compliance is mandatory

6.00 Patient Safety Policies, Tools and Aids

21.00 Clinical Alarm Management

References

6.00-21.00-9.00 * Maintenance inspection schedule for alarm-equipped devices is maintained and addresses accurate and appropriate alarm settings, proper operation, detectability and frequency.

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Base the frequency of the activity on criteria such as manufacturers' recommendations, risk levels and current experience. Review maintenance logs for verification of met.

Comments: POC:

6.00-21.00-10.00 * Disposable, single-use sensors (such as ECG leads, pulse oximeters) and telemetry transmitter batteries are changed according to manufacturer's recommendations and/or best practices (unless contraindicated).

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Disposable, single-use sensors can deteriorate resulting in poor skin contact which may increase the likelihood of false alarms. Best practices may indicate the need to change sensors and/or batteries more often than manufacturer's recommendations. Replacement activity log may be used as evidence of met.

Comments: POC:

6.00-21.00-11.00 * All members of the clinical care team have been trained in safe alarm management and response according to hospital policy. This includes ongoing training of new alarmed medical devices and updates to alarmed medical devices, as well as training of new clinical care team members. (Effective 2016)

Joint Commission NPSG-06-01-01
Joint Commission - SEA#50 Clinical Alarm Management

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: NCPS recommends that training should begin in FY 14. Review course itinerary and training logs for successful completion of training to achieve fully met.

Comments: POC:

* indicates compliance is mandatory