Background

Alarm fatigue (AF) has been an increasing concern among healthcare professionals, the Joint Commission, and the FDA as one of the top ten technology complications in hospitals. Cardiac telemetry monitoring without clinical indication is a significant factor in creating unnecessary alarms, increased AF, and increased healthcare costs. Managing alarms was viewed as another task added to the nurse's list of things to do, instead of a tool guiding prompt patient assessment and intervention. According to previous studies, no more than six alarms were possible for one ICU patient in 1983, opposed to at least forty types of alarms per ICU patient in 2011. In addition, 65% of 23 sentinel events happened due to the misuse and dysfunction of alarms. Between 2005 and 2008, the US FDA reported a total of 566 alarm-related patient deaths due to nurses not answering these alarms on time. It is important that nurses care for themselves and decrease this alarm fatigue to ensure patient safety is the main priority in their practice.

Evaluating Outcome

Do you as a healthcare professional feel as though you understand this material and do you plan to make a change in your practice to increase patient safety as well as your physical well-being?

Yes or No?

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Alarm Fatigue & Patient Safety

University of New England Nursing Students

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Goals

- Recommend and educate of new protocols and systems for the unit to utilize each day
- Recommend for the floor to implement a pilot study based on evidence provided
- To enhance patient experience and safety
- Decrease alarm fatigue
- Increase nurse awareness

Findings/Conclusions

- AF is found to be associated with unclear protocol regarding the use of cardiac telemetry (CT) monitors
- False alarms are the leading obstacle for proper management of alarms
- Excessive alarms overwhelm staff due to the “cry wolf” effect resulting in decreased response to alarms
- Nurses struggle to distinguish the different sounds from various alarms
- Implementation of defined CT protocol use and cessation of non-immediate alarms resulted in decrease in AF
- CT protocol encompasses a detailed step-list on necessity as well as standard protocol for electrode placement and replacement

Implementation Plan

Here are some reccomendations that we have to offer:

- CT telemetry pads should be changed q48 hours and follow correct placement
- Implement direct placment of leads in diagram form, in every room
- Eliminate unnecessary alarms:
  - Clearer guidelines for when to place a patient on CT monitoring and when to remove them from monitoring as well
  - If patient is independent in room, chair and bed alarms should be checked and turn off for unecessary use
- Determine baseline and abnormal findings for each patient on telemetry and remove CT monitoring from patients that no longer further require it
- Create a detailed checklist on CT monitoring necessity
- Self care awareness by allowing time for breaks off the unit