

National Patient Safety Goal: Improve the safety of clinical alarm systems.
(NPSG.06.01.01)

Rationale: To provide guidelines for safely adjusting alarm parameters to reduce false alarms, clinically non-actionable alarms, and alarm fatigue.

- **Alarm reducing strategies were initially implemented 9/2/2016.**
- **Change to ROSA criteria implemented November 2017. Patient scoring a 5 or greater will have ROSA interventions in place. Past scoring was 3 or greater. This has reduced alarms significantly over the past year.**
- **Key 2019 focus on reduction of non-actionable PVC alarms.**
- **Focus on updating ROSA Policy in 2020. – Changes will be presented to Medical Staff, January 2021.**

Reduction of Nuisance alarms - 2020

- **Goal: Reduce the number of clinically irrelevant alarms**
 - 1. Evaluate use of disposable SpO2 sensors to reduce clinically irrelevant alarms**
 - Disposable sensors were trialed, but did not show significant reduction in alarms and had an extreme cost associated with them.
 - Reusable sensors reinstated this year. Patients with continuous monitoring will use disposable sensors.
 - 2. Continued education of use of “Standby option” on Philips monitors when patient is not being monitored to decrease unnecessary alarms. This is a proactive way to decrease nuisance alarms.**
 - 3. Patients with known Chronic A-fib may have the A-fib and irregular heart rate alarms turned off by a RN as long as patient is on a telemetry unit.**
 - 4. Added Multiform PVC and Paired PVC alarms may be turned off by RN.**
 - 5. Added ST limits may be adjusted to +/-1 beyond their current value (baseline) upon admission.**
 - **Continue to have a reduction of nuisance alarms from the PVC and added ST limits changes in 2019.**
 - 6. Continue to have difficulties tracking data consistently as it is a very manual process.**

Proactive Response

- **Who May Perform:**
 - A Registered Nurse may adjust all alarm parameters
 - Respiratory Therapist may adjust SpO2 alarm parameters if a physician has ordered specific SpO2 goals

- Critical Carte Tech may adjust alarm parameters as directed by RN.
 - LPN may adjust alarm parameters in collaboration with a RN
 - A student nurse may adjust alarm parameters in collaboration with a RN
- A physician ordered hemodynamic or vital sign goal supersedes the above parameters

References:

Sandau, Kristin E., et al. "Update to Practice Standards for Electrocardiographic Monitoring in Hospital Settings: A Scientific Statement From the American Heart Association." *Circulation*, vol. 136, no. 19, 2017, doi:10.1161/cir.0000000000000527

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