

Reducing alarm rates and improving nurses' experience with intelligent alarm management



Aims of alarm management:

Enhance patient safety and comfort through reducing alarm fatigue and improving action to important alarms^{1,2}



Improve response time and care processes by efficient notification and escalation of alarms^{3,4}



Maintain improvements over time by careful measurement and customization of changes^{5,6}

Continuous improvement through Alarm Management Clinical Services





Change management through awareness and feedback

Staff enablement

Education



Understanding status quo

Measuring and tracking changes

Guidelines and policies

Monitoring and escalation procedures

Technology



On patients

In patient rooms

On the units

On caregiver's smart devices

Meaningful reporting

Case study: Alarm management using Intellivue Alarm Advisor

Testing physiologic monitor alarm customization software to reduce alarm rates and improve nurses' experience of alarms in a medical intensive care unit⁷

A pre-post study was conducted by the Yale School of Nursing in a 56-bed medical ICU at the Yale New Haven Hospital (USA) using **IntelliVue Alarm Advisor**, a customization support software for alarm limit violations. Alarm advisor generates notifications to the caregiver if a medium priority alarm has been silenced for a number of times, or if the alarm limit has been violated within a time window. Philips customized the alarm-management solution deployment, and provided dedicated on-site training for 130 nurses. Although the unit had many alarm reduction strategies in place before this study, the Philips system was associated with positive results including:

Reduction in several medium-priority alarms:

-11.8%

-9.3%

heart rate respiratory

-15.9% arterial press

arterial pressure alarms

-32%

A lower number of nurses post-intervention reported that alarms disturbed their workflow.

Shorter alarm duration:

-7.8% heart rate

-13.3% respiratory rate

-9.3% arterial pressure alarms

-43%

A lower number of nurses reported encountering situations where patients needed urgent attention and no one responded to the alarms.

This study was sponsored by Philips Healthcare.

References

- 1. Sowan AK, Reed CC. A Complex Phenomenon in Complex Adaptive Health Care Systems-Alarm Fatigue. *JAMA Pediatr.* 2017 Jun 1:171(6):515–6.
- 2. Cvach M. Monitor alarm fatigue: an integrative review. Biomed Instrum Technol. 2012 Aug;46(4):268-77.
- 3. Jones K. Alarm fatigue a top patient safety hazard. CMAJ Can Med Assoc J. 2014 Feb 18;186(3):178.
- 4. Sendelbach S, Funk M. Alarm fatigue: a patient safety concern. AACN Adv Crit Care. 2013 Dec;24(4):378-386-388.
- 5. Graham KC, Cvach M. Monitor Alarm Fatigue: Standardizing Use of Physiological Monitors and Decreasing Nuisance Alarms. *Am J Crit Care*. 2010 Jan 1;19(1):28–34.
- 6. Paine CW, Goel VV, Ely E, Stave CD, Stemler S, Zander M, et al. Systematic Review of Physiologic Monitor Alarm Characteristics and Pragmatic Interventions to Reduce Alarm Frequency. *J Hosp Med.* 2016 Feb 1;11(2):136–44.
- 7. Ruppel H, Vaux LD, Cooper D, Kunz S, Duller B, Funk M. Testing physiologic monitor alarm customization software to reduce alarm rates and improve nurses' experience of alarms in a medical intensive care unit. PLOS ONE. 2018 Oct 18;13(10):e0205901.

