

Studies have found that 80 – 90% of alarms are self correcting or are clinically insignificant. But, without quantified data at hand, adjusting thresholds or modifying escalation procedures is risky business. Find out how Nursing Management is surviving alarm overload, and where they may need help.

ALARM FATIGUE

What percentage of your alarms do you think are nuisance alarms?

How advanced is your alarm escalation process? Does everyone get every alarm?

Do you have a good understanding of the peak alarm periods for each alarm type?

STAFF PERFORMANCE

Are you able to adjust your staffing mix to get the best response times and results?

Do you have the information you need to adapt your hourly rounding duties to avoid subsequent nurse call activation?

What is your level of concern that critical alarms may get ignored due to the overall volume of alarms?

PATIENT EXPERIENCE

Have you had comments from patients that the noise level at night makes it difficult for them to get a good rest?

Do you ever get comments from your team that the level of alarms – the overall “noise” keeps them from having better quality time with patients?

Have you been able to correlate response times to survey scores?

IMPROVEMENT PROGRAMS

Are there any programs being considered, or Continuous Improvement Initiatives around optimizing the alarm environment?

Do you have an alarm committee, and do you have the information you need to prioritize and execute initiatives?