# NACNS Alarm Fatigue

## How do I Start Checklist

**Below is an example of a Six Sigma Process approach to change or you may utilize any other change process.**

- **Define: State the problem, specify the customer set, identify the goals, and outline the target process.**
- **Measure: Decide what parameters need to be quantified, work out the best way to measure them, collect the necessary data, and carry out the measurements by experiment.**
- **Analyze: Identify performance goals and determine how process inputs are likely to affect process outputs.**
- **Design: Work out details, optimize the methods, run simulations if necessary, and plan for design verification.**
- **Verify: Check the design to be sure it was set up according to plan, conduct trials of the processes to make sure that they work, and begin production or sales.**

| Plan | Resources | CNS Competency |
|---|---|---|
| **Define/Assess**<br>**Define:**<br>Alarm safety is the number one technology hazard in health care. Excessive alarms in clinical environments lead to alarm fatigue: staff may ignore or disable a clinically important alarm.<br>**Assess:**<br>1. **Appropriateness of monitoring**<br>a. **EB indications for cardiac monitoring**<br>2. **Clinical alarms: current state**<br>**a. Unit Gap Analysis (AACN)**<br>**b. Alarm data from clinical engineering / facilities**<br>**i. # of alarms / defined time**<br>**ii. # of crisis alarms/ defined time**<br>iii. **Current defaults**<br>3. **Staff education and competency**<br>a. **Current state** | **Overview Documents:**<br>• NACNS Alarm Fatigue Resource Crosswalk<br>• TJC Goals/Dates R3 Report<br>• AAMI Foundation HTSI Key Points Checklist<br>**ECRI Strategies to Improve Monitor Alarm Safety**<br>**Assessment Tools/Strategy Documents:**<br>• VHA patient Safety Assessment Tool (PSAT)<br>• AACN Alarm Management ActionPak<br>• Device Worksheet<br>• Pre-Change Assessment Survey etc.<br>• HTF National Clinical Alarms Survey<br>• Evidence based indications for cardiac monitoring<br>**Interdisciplinary Team Member Involvement Options:**<br>• Clinical Engineering<br>• CNS<br>• Nursing Director for each clinical area<br>• Physician Champion for each clinical area<br>• Quality<br>• Nurse Manager<br>• Other professionals at library for data pull etc.<br>• Nursing Informatics at library<br>(Suggest to utilize Interdisciplinary Team to: assist in steps of project, | **Direct Care, Consultation, Systems Leadership, Collaboration, Coaching, Research, Ethical Decision-Making/Moral Agency and Advocacy** |

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| i. **Onboarding**<br>ii. **Ongoing**<br>4. **Staff attitudes / perceptions**<br>5. **HTF survey**<br>6. **Patient outcomes**<br>a. **Organizational data on alarm events** | provide support, approve process steps, approve plan etc) | |
| **Measure**<br><br>**Pre-Change Data Measurement Examples:**<br>• **Alarm Event Data-Coordination with Facility/IT (alarm frequency etc)**<br>• **Rapid Response Team/Code Team Event related data**<br>• **HCAPS-Quiet at Night Data**<br>• **Pre-Change Assessment**<br>○ **Overall # of alarms**<br>○ **% nurses customizing alarms**<br>○ **% of high, medium, low, and technical alarms**<br>• **Survey staff on perceptions / attitudes**<br>• **Staff knowledge** | **Metrics-consider:**<br>• clinical alarms<br>• safety<br>• staff education/competencies,<br>• surveys/perceptions<br>• patient outcomes<br>**Resource: See Crosswalk** | **Consultation, Systems Leadership, Collaboration, Research, Ethical Decision-Making/Moral Agency and Advocacy** |
| **Analyze**<br>**Identify goals: determine how process changes will affect process results.**<br>• **Analyze Data from Measure section**<br>• **Evaluate and Prioritize areas for improvement** | **Resource: See Crosswalk** | **Consultation, Systems Leadership, Collaboration, Research,** |

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| **Design**<br>**Work out details of change to be implemented**<br>• **Detail which alarms to change and the process to implement the change.**<br>• **Include nurse related educational needs for pilot. (staff education/competencies)**<br>• **Include dates/times to monitor data**<br><br>**Strategies for Clinical Alarm Management:**<br>• **Defaults**<br>• **Escalation**<br>• **Customization**<br>• **Evidence based use of monitoring**<br>• **Clarify accountability**<br>• **Policy development** | **Resource: See Crosswalk** | **Direct Care, Consultation, Systems Leadership, Collaboration, Coaching, Research, Ethical Decision-Making/Moral Agency and Advocacy** |
| **Verify**<br>• **PDSA Cycle on pilot units**<br>• **Outcomes:**<br>  ○ **Evaluate goals for success**<br>  ▪ **Overall # of alarms**<br>  ▪ **% nurses customizing alarms**<br>  ▪ **% of high, medium, low, and technical alarms**<br>• **Survey staff on perceptions / attitudes** | **Pilot Study Units to monitor change**<br>**Implement changes**<br>**Resource: See Crosswalk** | **Direct Care, Consultation, Systems Leadership, Collaboration, Coaching, Research, Ethical Decision-Making/Moral Agency and Advocacy** |

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