

IMPROVE CLINICAL ALARM SAFETY

A NATIONAL PATIENT SAFETY GOAL

PROBLEM

85%-99%

OF ALARMS DO NOT

require an intervention,
according to experts.²

10 YEARS

Alarm hazards have been
identified by ECRI as a top health
technology hazard.³

CARE IMPACT



NOISE LEVELS
IN HOSPITALS

EXCEED RECOMMENDATIONS,
potentially leading to²

Impaired patient
recovery,



Staff fatigue and
burnout

FATAL CONSEQUENCES

566 ALARM RELATED
PATIENT DEATHS

Were reported to the FDA between
2005-2008¹

98 ALARM-RELATED EVENTS
reported to Joint Commission over
three-and-a-half years

82%

Resulted in
patient deaths¹

13%

Permanent
loss of function¹



PREVENTION OF CARDIAC ALARM FATIGUE BEGINS WITH YOU



PREPARE
SKIN



CUSTOMIZE
ALARM PARAMETERS



REPLACE
ELECTRODES EVERY
24 HOURS

CHANGING ELECTRODES EVERY



CAN DECREASE
THE AVERAGE %
OF ALARMS, PER
BED PER DAY BY **46%**⁴

References:

¹ ECRI Institute. The Alarm Safety Handbook Strategies, Tools, and Guidance. (2014). ECRI, Plymouth, MA., 8, 15

² A Siren Call to Action; Priority Issues from the Medical Device Alarms Summit. Arlington, Va.: Association for the Advancement of Medical Instrumentation, 2011. Available online at: http://www.aami.org/htsi/alarms/pdfs/2011_Alarms_Summit_publication.pdf. (accessed June, 18, 2015), 13.

³ ECRI Institute. Available from website <https://www.ecri.org/Pages/SearchResults.aspx?k=top%20ten%20health%20technology%20hazard%20list&mo=false>

⁴ AACN Practice Alert Alarm Management. 5/2013. Available from: <http://www.aacn.org/wd/practice/docs/practicealerts/alarm-management-practice-alert.pdf>