

Alarm Fatigue: Do You Hear What I Hear?.

Lindsey R. Damiter bsn, rn

Lehigh Valley Health Network, Lindsey_R.Damiter@lvhn.org

Eric M. Strauss BSN, RN

Lehigh Valley Health Network, Eric_M.Strauss@lvhn.org

Bianca B. Garcia BSN, RN

Lehigh Valley Health Network, Bianca_B.Garcia@lvhn.org

Lindsay M. Hischak BSN, RN

Lehigh Valley Health Network, Lindsay_M.Hischak@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Damiter, L. Strauss, E. Garcia, B. Hischak, L. (2017, July 28). *Alarm Fatigue: Do You Hear What I Hear?.* Poster presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Alarm Fatigue: Do you hear what I hear?

Lindsey Damiter BSN, RN, Eric Strauss BSN, RN
 Bianca Garcia, BSN, RN, Lindsay Hischak BSN, RN
 Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Alarm fatigue, the lack of response due to excessive numbers of alarms resulting in sensory overload and desensitization, is a national problem (Cvach, 2012).
- According to the American Nurses Association (ANA) between January 2009 and June 2012, there were 98 reported alarm – related events with 80 resulting in patient deaths, 13 in permanent loss of function, and 5 requiring additional care (American Nurses Association, 2013).
- Personal experience on CICU and NSICU of inconsistent alarm reaction indicating possible alarm fatigue related to nuisance alarms and disease specific parameters.

PICO Question

- In ICU nurses, does a survey to identify awareness of alarm fatigue indicate education is needed to improve individualization of patient monitoring?

P: ICU nurses awareness of alarms
 I: Staff survey related to patient alarm management and alarm fatigue awareness
 C: No education
 O: Identification of education need related to monitoring individualization



Implementation

- Survey to RN's on NSICU and CICU about alarm fatigue. Survey questions focus on response to alarms, does individualization occur, and awareness of alarm fatigue.
 - Less than half of respondents verify they never individualize alarms
 - Greater than 50% admitted they have ignored a critical alarm
 - RNs responded that they have witnessed harm due to lack of response to alarms

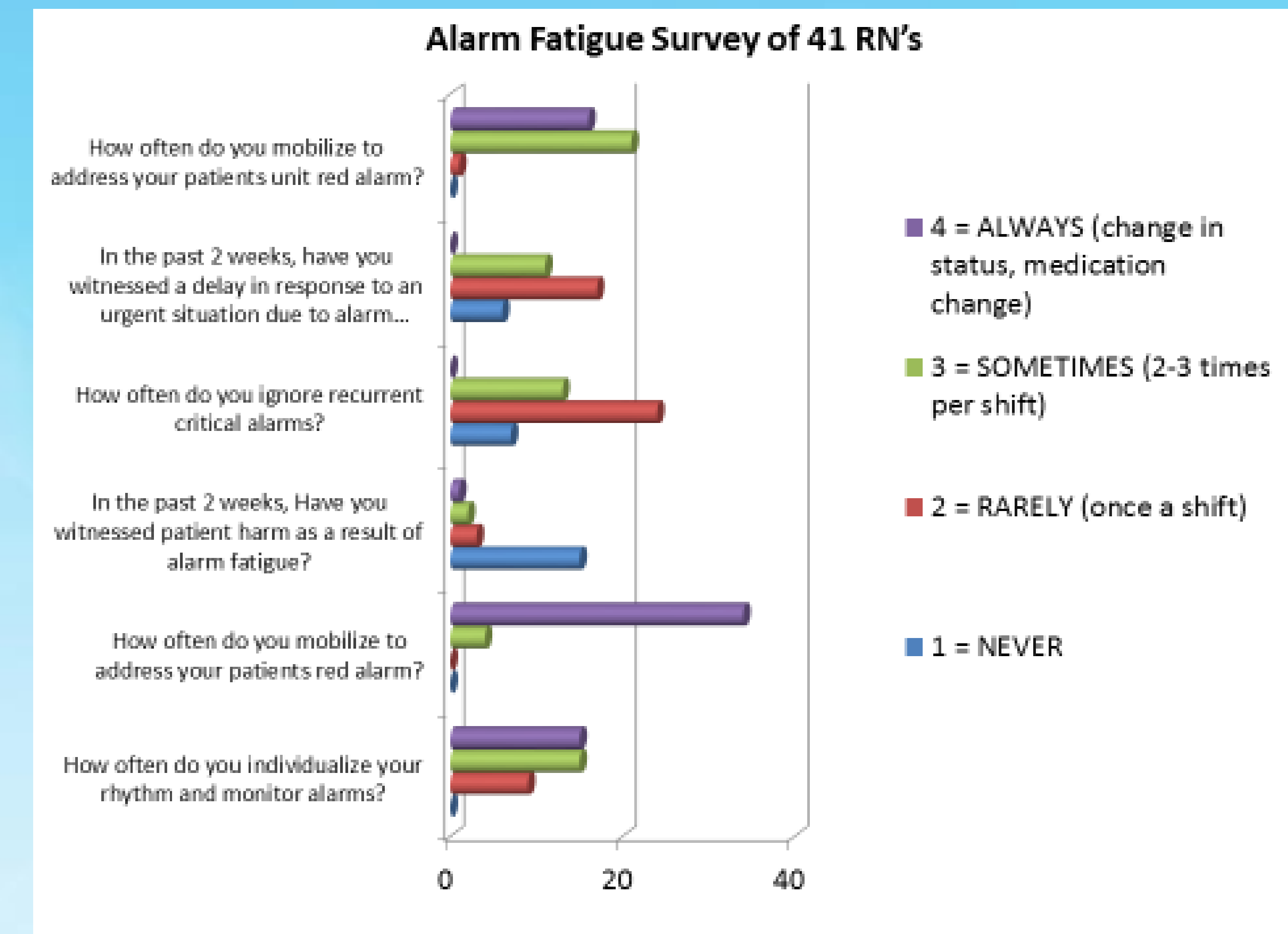
Evidence

- Excessive alarms cause desensitization allowing events to be ignored. (1, 2)
- Individualization of alarms ensures that alarms are valid as an early warning and are more likely to be acted upon. (1, 3)
- Alarms viewed as false-positive or nuisance are less likely to be acted upon. (1, 3)
- Cardiac monitor algorithms are intentionally set to high sensitivity. (1, 3)

References:

1. American Nurses Association. Medical Alarm Safety in Hospitals. (2013, April). Cvach, M. (2012). Monitor alarm fatigue: An integrative review. *Biomedical Instrumentation & Technology*, 46(4), 268-267.
2. Graham, K. (2010). Monitor alarm fatigue: Standardizing use of physiological monitors and decreasing nuisance alarms. *American Journal of Critical Care*. 19, 28-34.
3. Miller, T. (2013). Alarm fatigue: Understanding and solving a complicated problem. *The joint commission announces 2014 national patient safety goal (2013)*. *Joint Commission Perspectives*, 33(7), 1-4.

Outcome



Conclusion/Next Steps

- Surveyed nurses admitted alarm fatigue
 - Less than optimal response to alarms, including critical alarms
 - RNs confirmed that education on how to set and individualize alarms would have impact on dismissal and response to all alarms
 - Education related to how to set and refine alarms will be provided
 - TLC
 - Phillips training modules
 - Hands on demonstration/return demonstration
- © 2014 Lehigh Valley Health Network