SILENCED NO MORE! AN ACADEMIC-PRACTICE PARTNERSHIP TARGETING MANAGEMENT OF CLINICAL ALARMS TO IMPROVE PATIENT SAFETY

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Purposes-Aims: the purpose of this analysis is to discuss the necessity of hospitals and critical access hospitals to improve the safety of clinical alarm systems as part of a new Joint Commission National Patient Safety Goal; (NPSG). The NPSG becomes effective January 1, 2014; hospital leaders have until July 1, 2014 to make alarm safety a priority. It is imperative that throughout 2014, rural hospitals begin the process of exploring hospital data and obtaining feedback from nurses/care providers at the bedside, unit managers, clinical support clinical engineering personnel and patients to address vital issues associated with clinical alarm systems. Another aim of this presentation is to discuss an academic-practice partnership between a baccalaureate nursing program at a major research/land-grant university and a small-bed rural medical center located 45 miles from the university. The conception of the partnership will be discussed in an effort to look for alarm use best practices. This includes discussion of results from nursing faculty member data analysis of patient fall alarm results, collaborative maturation of training and development modules designed to improve a medical-surgical unit’s clinical alarm management, and formulation of policy recommendations/revision to improve patient safety on the unit for falls management/clinical bed alarms. Future directions of the academic-practice partnership and plans to expand study of clinical alarms into other units and expansion/addition of related focus will be discussed.

Definition of concept: The Joint Commission has identified a series of issues that contribute to the overall problem of clinical alarms. These include (a) unreliable detection, (b) staff desensitization, (c) improper disabling of alarms (workarounds), (d) alarm overload, and (e) inability to personalize alarm settings. Inpatient falls statistics indicate 30% of patient falls result in serious injuries. Injuries from falls are financially costly to small hospitals and damaging to their safety reputation, notwithstanding the physical, emotional and quality of life damage to patients and their significant others.

Concept analysis approach: The concept of clinical alarms is explored using the Johns Hopkins Nursing Evidence-based Practice model and a search strategy using PubMed, CINAHL, and seminal articles from the year 2000-2013. The broader concept of clinical alarms is viewed holistically; specific targeting of evidence-based falls prevention as related to the academic-practice partnership was searched within the context of patient safety and quality improvement interventions.

Concept to practice, research, and education: The numerous applications to practice, research, and education support the need to establish academic-practice partnerships to impact patient safety to share resources and expertise. Literature has supported evidence that falls prevention interventions are interdisciplinary in structure congruent with resources in land-grant universities. No single intervention, such as a fall alarm, ensures adequacy of a falls prevention program. Evidence does support the importance of formally targeting falls prevention as part of the organizational culture and as continued quality improvement interventions.

Conclusions/utility of clinical alarm analysis to rural health: It is important for hospitals to identify the factors that contribute to an effective alarm system within their facilities, determine the best use of technology, examine standards and protocols for relevance and feasibility, ensure health care provider staff compliance and adherence to standards, and provide training and development of management team members and staff to improve patient safety.