

TEMPLE UNIVERSITY HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES

Number: TUH-ADMIN-950.xxxx
Title: CLINICAL ALARM MANAGEMENT
Effective Date: 07/2015
Last Revised: NEW
Last Reviewed: NEW
References: The Joint Commission National Patient Safety Goal 6: Clinical Alarm Management
Attachments: HVA

SCOPE: This policy applies to all clinical staff and physicians at all TUH, Inc. campuses.

PURPOSE

The purpose of this policy is to ensure quality and safe patient care as it relates to the use, monitoring and response to equipment with clinical alarms.

DEFINITIONS

Clinical Alarms- Any audio or visual alert that notifies a clinician about a potential change in the patient's clinical condition or current operation of a device.

Alarm Inventory- A listing by category of clinical equipment which has alarm capability and is/are currently being used in the facility.

Alarm Responder- The individual(s) with primary responsibility for the response to alarms.

Alarm Notification- The communication of alarms from a particular device to the clinician.

Alarm Response Escalation- How alarms will be responded to if there is limited or no response to initial notification.

Alarm Hazard and Vulnerability Assessment (Alarm HVA)- A tool to be completed and reviewed at least every three years. The tool helps to determine and prioritize which clinical alarms should be addressed with a priority ranking.

Alarm Management Steering Committee- A multidisciplinary team to include but not limited to:

- Physicians
- Nurses
- Respiratory Therapy
- Risk Management
- Regulatory Compliance
- Biomedical Engineering

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

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PROCEDURES

To ensure that there is a quality response to clinical alarms, the following procedure should be followed:

1. Nursing, Risk Management and Biomedical Engineering shall complete an alarm inventory at least every three years in the facility.
 - a. Biomedical Engineering will maintain an inventory of all clinical equipment with alarms.
 - b. The inventory will be reviewed/revised for accuracy at least every three years.
2. The Alarm Management Steering Committee is a multi-disciplinary team formed to complete an Alarm HVA (see Attachment A) at least every three years to determine what alarms pose the greatest relative risk to the organization. The ranking will be completed after the inventory. The alarms included in the Alarm HVA will consist of the top five alarms that are most pervasive across the organization and the other hospitals in the health system.
3. Upon completion of the Alarm HVA, the Alarm Management Steering Committee will identify the alarms with the highest potential risk score across all TUH and TUHS hospitals. These alarms will be chosen for alarm management policy creation or review/revision.
4. When new technology with clinical alarms is implemented in the facility, a HVA will be completed for that specific technology prospectively to determine if any additional safety features need to be reinforced during training. A specific alarm management policy for the new technology may be written. Education of staff will be provided and documented on the new technology.
5. The policy structure for device specific technology will include the following:
 - a. Alarm Settings/Clinical Parameters
 - b. Alarm Notification, Response, and Escalation

APPROVALS

Recommended by:

Mark Meyers, BSN MBA NE-BC RN
Associate Hospital Director, Epic Information Systems – TUH

01/2013

Approved by:

Elizabeth Craig, DNP, CRNP
Vice President Patient Care Services/Chief Nurse Executive – TUH

Herbert Cushing, MD
Chief Medical Officer - TUH

John N. Kastanis, MBA, FACHE

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President & Chief Executive Officer – TUH

Date:
 4/23/2015

Attachment:

 HAZARD AND VULNERABILITY ASSESSMENT TOOL MOST COMMON ALARM TYPES								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		PATIENT IMPACT	STAFF IMPACT	BUSINESS IMPACT	PREPARED-NESS	CLINICAN RESPONSE	EXTERNAL RESPONSE	
	Alarm not responded to in an effective and timely fashion	Possibility of death or injury	Emotional losses and damages	Interruption of services, litigation issues	Preplanning completed	Time, effectiveness, resource, staffing	Chance of non-clinical responders	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Nurse Call Alarm								0%
IV Pump Alarm								0%
Physiologic Monitor Alarm								0%
Feeding Pump Alarm								0%
Ventilator Alarm								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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