

# Sounding the Alarm: How Accurate Are Your Counts?

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# Speaker Introductions

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Baum, Arensmeier and Talent







# Disclosures

Mary Baum is working as a consultant to Draeger on clinical workflow.

# Agenda

- The reality of getting to your alarm count
- Who has really done it and how long did it take?
- Resources needed
- A typical scenario
- You have the number – now what?!
- Next steps...

# The Reality

- If anyone tells you this is easy ...run!
- The process and the count is just coming out of Beta
- Getting the alarm count across all alarming devices 
- Learning “Best Practice”
- Getting “Best Practice” applied 
- The right informed team/with time to participate 
- Getting vendors to partner 
- Behavior change across departments 
- Getting help from the very top to make this happen 
- We have some time to meet the regulatory guidelines – but not much



# A Typical Scenario

## The Reality

- Regulations – Hyperbole – Silos
- Not a check the box or a “tool kit” or a shared PowerPoint solution
- Most start with the wrong premise – “it is easy to get your baseline alarm count”
- “Best Practice” is not understood
- The problem of alarm fatigue and patient safety is real, but not everyone believes it is a top priority
- Hospitals are putting the “usual” project structure in place



# A Typical Scenario

- “Don’t you just call your vendor?”
- Most physiological monitoring vendors have encrypted and kept your data safe
  - even from you
- It is not just about physiological monitors
- Are any of the smart alarming devices integrated into a system view?



# Big Hospital – Many Vendors

- It is not easy to get data across the entire hospital
- How much data?  
For how long a reporting time period?  
Which units?
- Many vendors
- Vendors need to work together
- A tech/data plan is needed
- Work needs to happen across internal departments and teams





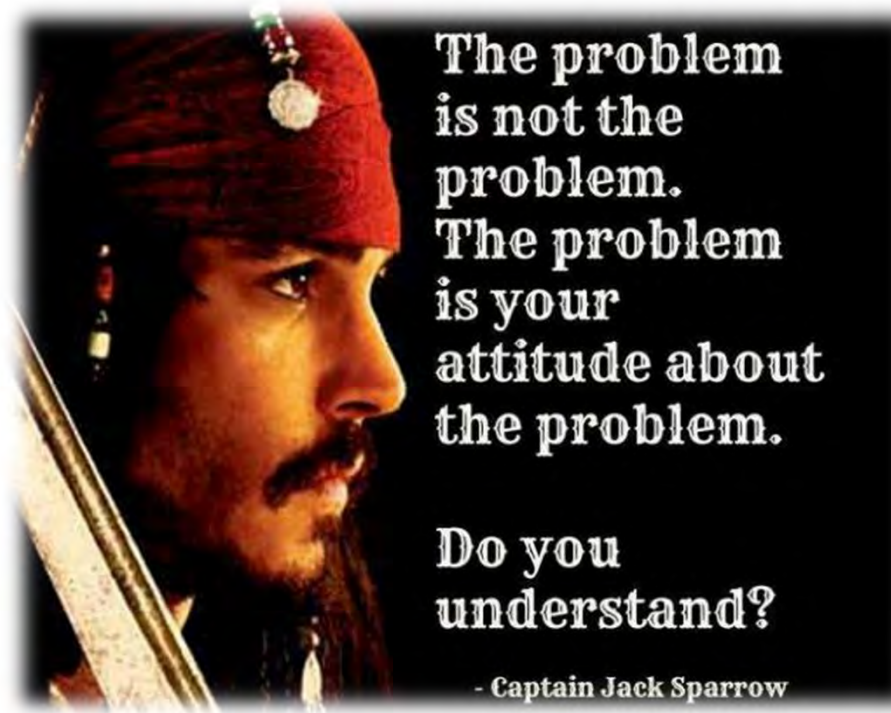
# The Typical Scenario

- Algorithms and protocols vary
- Policy across all units vary
- Management's approach across units
- Physician leadership across specialties
- Clinical workflow



# Whose Problem Is It Anyway?

- When you finally get to the number...  
is it the number or you that is the issue?



# You Can't Do This Alone

Did you do your EMR integration alone?

- You need support – you need the right team
- Has anyone on this team done it before?



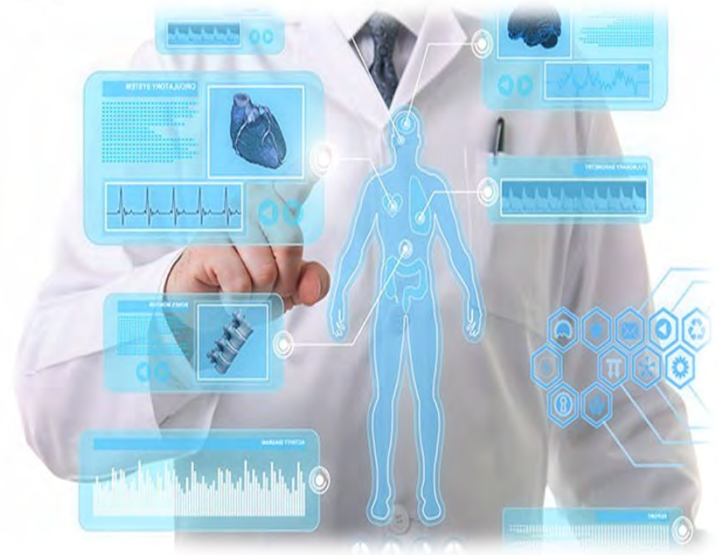
# The Alarm Committee

- Leadership help with barriers – involved/committed and has accountability for success
- Clinical staff from the units
- Nursing and physician representation
- Bio Med and IT leadership
- Safety and regulatory
- Vendors
- Access to all pertinent data – policy, sentinel events, protocol etc.
- Timelines
- Rules of engagement
- Is it a priority project?



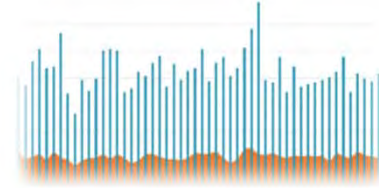
# Technology

- Technology Team
- Lead - Clinical Informatics
- Physiological monitoring vendor
- Vent vendor
- Pump Vendor
- Middleware vendor
- Communication vendor
- IT (including a DB analyst)
- Bio Med





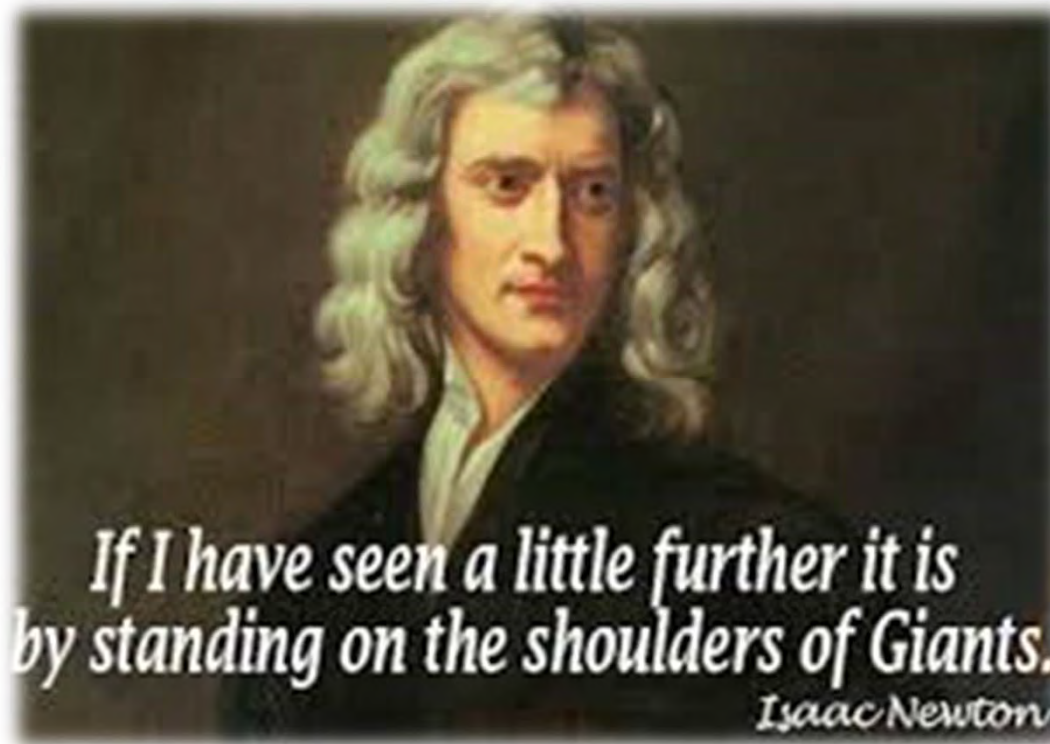
# Alarm Count



- Start with Critical Care areas
- Start with physiological alarms
- Agree by department on priority “offender” alarms
- Get leadership involved
- Get the right team involved
- A detailed technology plan to painfully get to your gross alarm count
  - baseline 24/7 in your critical care areas with your vendor partners
- Ethnography – observing the reality of how work is occurring around the alarms
- Get the physiological monitor alarm category done and use as a template for– alarms for vents/pumps/nurse call etc.

# Know Best Practice

“Stand on the shoulders of others”



## ...not just the number?

- It is how we work in highly inter-dependent ways
- It is how we create policy
- It is how we create protocol
- It is our enforcement of the protocol
- It is how we implement change
- It is learning to communicate/collaborate and work across departments/specialties/disciplines





# Mark Your Calendars!

## Next Alarm Management Seminar:

- The Saint Alphonsus Health/Trinity Health Experience
- August 10, 2015, 12:00 PM - 1:00 PM EDT
- Presenters:
  - Melanie Wright, SAMC
  - Noa Segall, Duke University

## To Register:

<https://attendee.gotowebinar.com/register/2933004807416161025>

# Thank You to Our Industry Partners

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