Minimizing Clinically Insignificant Alarms: Continuous Cardiac Rhythm Monitoring Compliance in the CCVCU

Andrea Rockey¹ BSN, RN, CCRN and Catherine Bull² MSN, PNP-BC
¹University of Pennsylvania School of Nursing, Philadelphia, PA and ²New York University Langone Medical Center, New York, NY

Purpose/Objectives

• In December 2015, to comply with the Joint Commission on Accreditation of Healthcare Organizations National Patient Safety Goals (NPSG), the Alarm Management Team at New York University Langone Medical Center (NYULMC) developed several strategies to minimize clinically insignificant or non-actionable cardiac alarms.

• One initiative required an initial order with daily renewal for Continuous Cardiac Rhythm Monitoring (CCRM) and individualization of alarm parameters.

• Goals of Quality Improvement Initiative:
  • Increase adherence to the required order for CCRM in the CCVCU, renewed every 24hrs.
  • Improve patient safety with age and population specific cardiac parameters.
  • Minimize the number of clinically insignificant or non-actionable cardiac alarms so that critical alarms truly requiring attention can be better recognized.

• Overall Aim of quality improvement (QI) initiative was to increase adherence to the daily order requirement for CCRM by 87% to improve patient safety with specific monitoring parameters and minimize clinically insignificant alarms.

Description of Improvement Initiative

• Clinicians were surveyed on current practices for CCRM to determine gaps in education, barriers to safe practice, and order adherence.

• A literature review was completed to find current evidence based practice for pediatric CCRM in hospital settings and current CCRM protocols.

• Clinicians were educated in staff meetings, and individually, on the importance of a daily order for monitoring and age specific alarm parameters.

• Reminder tabs were placed in provider workrooms.

• CCRM checkbox was included on RN’s daily safety checklists.

• Providers and RNs were educated on the importance of the required order as well as safe alarm practices and harms associated with inappropriate management.

Outcomes of Initiative

• Results were calculated by measuring the number of patients with an active daily order for CCRM over a seven-week period.

• Following implementation of the QI initiative, adherence to the required order for CCVCU increased to 67%.

• Although the target of 87% was not reached, an increase of 54% from a baseline average of 13% was achieved.

Conclusions

• Targeted education:
  • Develops awareness of CCRM policies.
  • Improves compliance with daily orders and monitoring individualized alarm parameters.

• To confirm compliance with The Joint Commission’s NPSG standards, additional strategies may be needed to ensure appropriate and safe CCRM for all patients.

Nursing Implications

• Nurses play a vital role in maintaining safe alarm practices.

• As members of the health care team, nurses can assist in educating providers about the need for age appropriate alarm limits and the risks of clinically insignificant alarms.

References


• NYU Hospitals Center (October 2015). Continuous Cardiac Monitoring. Element IX, 1, 1a. Retrieved from: https://nyuhospitals.nyumc.org/policies/procurement/Pages/Patients.aspx