

“Although there are powerful incentives for creating alarm management programmes to reduce ‘alarm fatigue’, they do not provide guidance on how to reduce the likelihood that clinicians will disregard critical alarms” Rayo and Moffatt-Bruce (2015).

References:

Rayo, M.F. and Moffatt-Bruce, S.D. (2015) Alarm system management: evidence-based guidance encouraging direct measurement of informativeness to improve alarm response. *BMJ Quality & Safety*. 24(4), p.282-286.

Alarm system management and the prevention of alarm fatigue [@ivteam #ivteam](http://ctt.ec/axAd0+)

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Abstract:

Although there are powerful incentives for creating alarm management programmes to reduce ‘alarm fatigue’, they do not provide guidance on how to reduce the likelihood that clinicians will disregard critical alarms. The literature cites numerous phenomena that contribute to alarm fatigue, although many of these, including total rate of alarms, are not supported in the literature as factors that directly impact alarm response. The contributor that is most frequently associated with alarm response is informativeness, which is defined as the proportion of total alarms that successfully conveys a specific event, and the extent to which it is a hazard. Informativeness is low across all healthcare applications, consistently ranging from 1% to 20%. Because of its likelihood and strong evidential support, informativeness should be evaluated before other contributors are considered. Methods for measuring informativeness and alarm response are discussed. Design directions for potential interventions, as well as design alternatives to traditional alarms, are also discussed. With the increased attention and investment in alarm system management that alarm interventions are currently receiving, initiatives that focus on informativeness and the other evidence-based measures identified will allow us to more effectively, efficiently and reliably redirect clinician attention, ultimately improving alarm response.

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