



Clinical Alarms Survey

A) Facility	Acute Care Hospital		Ambulatory Care Facility or Surgery Center		Sub Acute Care			
	Nursing Home		Assisted Living/Rehabilitation		Other (write in)			
B) Hospital department (if applicable)	ICU		Nursery	ER	Support			
	OR/Anes		General Floor	Progressive Care	Other (write in)			
C) Job Title	Physician		RN	LPN	Clinical manager			
	Nurses aide or Orderly		Respiratory therapy	Clinical Engineer	BMET			
	Paramedical e.g. Rad/Lab/Resp		Administrator/Non-clinical manager	Transport	Other (write in)			
D) Years Experience	0-3		3-6		6-11	11+		
E) Alarm-Related Information:				Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1.	The purpose of clinical alarms is to alert staff of an existing or potentially hazardous patient condition							
2.	Alarm sounds and/or visual displays should differentiate the priority of alarm							
3.	Alarm sounds and/or visual displays should be distinct based on the parameter or source (e.g. device)							
4.	Alarms should impact multiple senses (audible, visual, proprioceptive, etc.)							
5.	Nuisance alarms occur frequently							
6.	Nuisance alarms disrupt patient care							
7.	Nuisance alarms reduce trust in alarms and cause care givers to turn alarms off at times other than setup or procedural events							
8.	Properly setting alarm parameters and alerts is overly complex in existing devices							
9.	New (less than three years old) monitoring systems have solved most of the previous problems we experienced with clinical alarms							
10.	Since the implementation of the JCAHO Patient Safety Goal #6, now part of the overall JCAHO standards, patient adverse events related to clinical alarms have been reduced to an acceptable level.							
11.	The alarms used on my floor/area of the hospital are adequate to alert staff of potential or actual changes in a patient's condition							
12.	There have been frequent instances where alarms could not be heard and were missed							
13.	The staff is sensitive to alarms and responds quickly							
14.	The medical equipment used on my unit/floor all have distinct outputs (sounds, repetition rates, visual displays, etc.) that allow differentiation of the source of the alarm							

E)	Alarm-Related Information (cont)	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree				
15.	When a number of devices with alarms are used with a patient, it can be confusing to determine which device is in alarm									
16.	Environmental background noise has interfered with alarm recognition									
17.	A central alarm management staff that receives alarm messages and notifies the appropriate staff is helpful									
18.	Alarm integration and communication systems via pager, cell phone, other wireless device are useful in improving alarms management and response									
19.	Smart alarms, where multiple parameters, rate of change of parameters, and signal quality, are automatically assessed in their entirety would be effective in reducing false alarms									
20.	Smart alarms, where multiple parameters, rate of change of parameters, and signal quality, are automatically assessed in their entirety would be effective in improving clinical response to important patient alarms									
21.	Policies and procedures exist within the facility to regulate alarms and they are followed									
22.	There is a requirement in your institution to document that the alarms are set and are appropriate for each patient									
F) Please rank the following issues below concerning alarms; 1=most important, 9=least important. . <i>Read all issues first, then rank each issue with only one ranking.</i>										
		1	2	3	4	5	6	7	8	9
1.	Difficulty in setting alarms properly.									
2.	Difficulty in hearing alarms when they occur.									
3.	Difficulty in identifying the source of an alarm.									
4.	Difficulty in understanding the priority of an alarm									
5.	Frequent false alarms, which lead to reduced attention or response to alarms when they occur.									
6.	Inadequate staff to respond to alarms as they occur.									
7.	Over reliance on alarms to call attention to patient problems.									
8.	Noise competition from non-clinical alarms and pages.									
9.	Lack of training on alarm systems									
G. <i>Please comment on what is needed to improve clinical alarm recognition and response. Also if there are specific equipment items which “strongly” influenced your answers above, please list them and why.</i>										

Thank you!

Return this survey to: AHTF FAX NUMBER (832) 825-1850 or