- Identifying services considered high risk in the hospital
- Using a collaborative process to develop written tools for guiding the uniform care
- Training staff in implementing these tools

Written tools for care must be tailored to the high-risk service to be effective in reducing risk. When providing high-risk services, the hospital establishes and implements guidelines and procedures that address the following:

- How care planning will occur, including special considerations related to the high-risk service
- The documentation required for effective communication among the care team
- Special consent considerations, if appropriate
- Patient-monitoring requirements, including the proper use of alarms
- Special qualifications or skills of staff involved in the care process
- The availability and use of specialized medical equipment

Hospital leaders identify additional risk for hospital-acquired conditions as the result of any procedures or plan of care. Examples of hospital-acquired conditions include the following:

- Deep vein thrombosis, pressure ulcers, and ventilator-associated infections in patients on life support
- Neurological and circulatory injury in restrained patients
- Bloodborne pathogen exposure in hemodialysis patients
- Central line infections
- Falls

When these risks are present, they must be prevented by educating staff and developing appropriate policies, guidelines, and procedures. The hospital uses measurement information to evaluate the services provided and integrates that information into the hospital's overall quality improvement program.

Measurable Elements of COP.01.02

1. Ⓓ Hospital leaders identify, in writing, the high-risk services, including at least the following when provided by the hospital:
   - Emergency services
   - Life support, including ventilators and extracorporeal membrane oxygenation
   - Infectious disease services
   - Dialysis
   - Restraints
   - Chemotherapy
   - Critical care services
2. Ⓓ Hospital leaders establish and implement written policies, procedures, and/or principles of care for high-risk services provided by the hospital.
3. Staff are trained to use the written tools for high-risk services.
4. Hospital leaders identify additional risks that may affect high-risk services and implement measures to reduce and/or prevent these risks.
5. Ⓓ Hospital-acquired conditions are tracked and included in the hospital's quality improvement program.

Clinical Alarm System Management

Standard COP.02.00

The hospital implements policies and procedures for safety of clinical alarm systems.

Intent of COP.02.00

Clinical alarm systems are intended to alert caregivers of potential patient problems or equipment malfunction. However, improperly managed clinical alarm systems compromise patient safety. Risk factors associated with alarm management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow or not appropriate for the patient's condition. Patient care areas have multiple alarm signals, and the noise from improperly managed alarms desensitizes staff and causes them to miss, ignore, or disable alarms. These issues vary greatly among hospitals and within different clinical areas in a single hospital. Hospital leaders must develop a systematic, coordinated approach to minimize risks associated with clinical alarm management.

Standardization contributes to safe alarm system management, but alarm management solutions may have to be designed for specific clinical units, groups of patients, or individual patients. In designing customized solutions for proper alarm management, leaders begin by identifying the most important alarm signals to manage. For example, the most common alarms to address in an adult cardiac population would be cardiac monitoring, and in labor and delivery fetal monitoring alarms may be the most common.

Consideration of the following can be helpful in determining alarm signals that may pose a risk to patient safety:

- Input from clinical staff
- Data from medical devices, including false or nonactionable alarms
- Risk to patients if the alarm signal is not attended to or if it malfunctions
- Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
- Potential for patient harm based on internal incident history
- Published best practices and guidelines

Measurable Elements of COP.02.00

1. Ⓓ Hospital leaders implement a written management program for alarm signals that pose a risk to patient safety.
2. The program identifies the most important alarm signals to be managed based on the risk to patient safety.
3. Ⓓ Hospital leaders develop and implement strategies for managing alarms that include the following:
   - Clinically appropriate settings for alarm signals
   - Situations in which alarm signals can be disabled
   - Circumstances under which alarm parameters must be reviewed and/or be changed (for example, with significant changes in patient condition, when patients are transferred to different levels of care)
   - Identification of those who have the authority to set alarm parameters
   - Designation of those who have the authority to change alarm parameters
   - Reducing unnecessary alarm noise and improving alarm fatigue among the clinical staff
4. Clinical staff are educated on the purpose and operation of alarm systems for which they are responsible.
5. Staff responsible for the management of clinical alarms are trained and competent to do so.
6. Alarm systems, policies and procedures, and staff training procedures are reviewed as necessary and in accordance with the hospital's policy review process, at minimum every three years, to identify and implement improvements.