

Background: Upwards of 99% of physiological alarms may not require intervention and make monitoring devices unreliable. Over time, the unreliability of monitoring devices creates desensitization and can lead to patient deaths. Alarm management is now a Joint Commission National Patient Safety Goal and ECRI Institute has named alarm hazards as the number one of the top 10 health technology hazards. Objectives: To reduce the number of nuisance physiological alarms in adult patients on the medical intensive care unit. Methods: A quality improvement process was used that included eliminating inactionable alarms from the default settings, customizing alarms, changing electrocardiography electrodes daily, and standardizing skin preparation. Results: In the medical intensive care unit, the mean number of nuisance alarms per patient per day decreased from 13 (baseline) to 3, and 81% reduction. Conclusion: Use of a bundled approach to managing alarms lessened the mean number of alarm signals in a medical intensive care unit.

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