Revising BPA triggers and inclusion criteria helps reduce nurses' fatigue

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Background: Best Practice Advisories (BPAs) are rarely designed and tested with nurses' feedback. Nursing BPAs are 40% of all BPAs at NYC H+H. The BPA work group at NYC H+H routinely revises BPAs to reduce staff's alert fatigue.

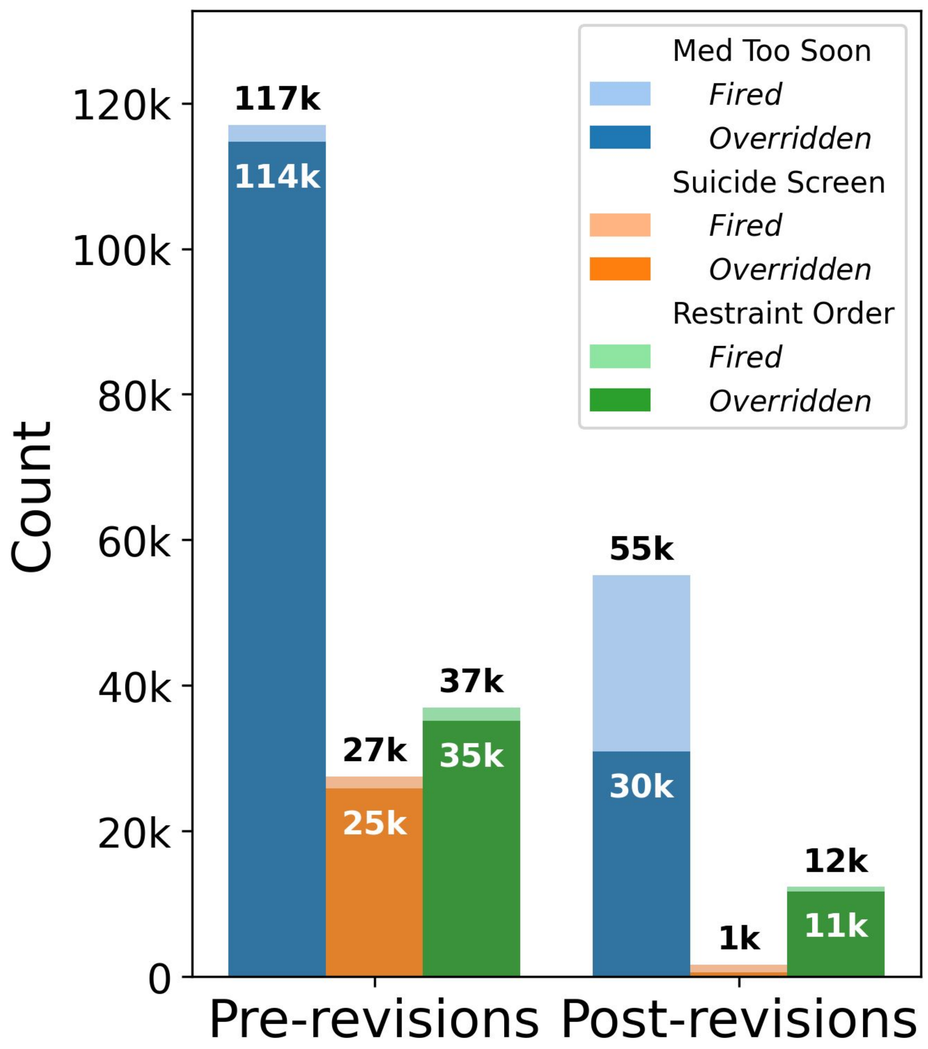
RQ 1: Has the work group reduced nurses' fatigue?

Interruptive BPAs with low Action Taken %:

- Medication Too Soon
- Suicide Risk Screening
- Restraint Order

Data Analysis

Number of **Fired** and **Overridden** Alerts
Pre and Post revisions



Yes! Fewer alerts after revision leading to **fewer overridden alerts**

RQ 2: How can we design BPAs for nurses' workflows?

Interviews

in **August 2023** with **6 nurses**

Emergency Department (ED),
Telemetry, Surgery,
Intensive Care Unit (ICU)

Sometimes it pops up when I know nothing yet about the patient so I can't fill out the alert. (Nurse 2)

I like the alerts at admission, they help me remember what to add to the care plan. (Nurse 4)

If the alert pops up when I'm giving a drug, I just close it. But then I have to wait for it to show up again. It would be nice if you could just minimize it. (Nurse 6)

Best practices

No 'open chart' triggers

Reviewing **inclusion criteria**

- Treatment team
- Patient condition
- Acknowledgement reason

Admissions and end of shift

Move to the side, **minimize**

Cornell University

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