

BACKGROUND

The purpose of our intervention is to facilitate more effective utilization of telemetry in our hospital. Our goal is to reduce patient days on telemetry by adhering to the American Heart Association & Hospital policy guidelines concerning telemetry use. Overuse of telemetry is likely due to physician uncertainty regarding patient stability & path progression.

PURPOSE

The Telemetry Plan Act involves three distinct interventions to reduce inappropriate telemetry monitoring:

1. Huddle intervention
2. Mandatory order entry for telemetry.
3. Physician documentation and justification in patient record for telemetry monitoring to continue.

METHODS

This intervention consisted of a plan put into process to review charts of patients on telemetry, based on AHA/Hospital policy guidelines, and educating teams on downgrade guidelines in their departments to put the telemetry plan act into action.



TELEMETRY UNIT CRITERIA FOR D/C

- NSR FOR 48HRS
- CHRONIC/STABLE ARRHYTHMIS FOR 48HRS
- UNCHANGED RHYTHM FOR 48HRS

RN CRITERIA FOR D/C TELEMETRY

- NSR FOR 48 HRS W/O CARDIAC HX OF COMPLAINTS
- CHRONIC AND STABLE ARRHYTHMIA W/O HEMODYNAMIC COMPROMISE.
- UNCHANGED CARDIAC RHYTHM FOR 48HRS W/O CHANGE IN ACTIVE ANTIARRHYTHMIC THERAPY. POST AICD/PACEMAKER W/ NORMAL FUNCTION FOR 48HRS.

RESULTS

1. Average patient days with telemetry use was reduced by 2-5 days.
2. Patients in need of telemetry increased with appropriate diagnosis using AHA/Hospital policy criteria & guidelines. Evidence based education affects telemetry use.

CONCLUSIONS

Reducing inappropriate telemetry use is an attainable goal though continual educational interventions and adherence to both AHA and UMC policy guidelines.

REFERENCES

- American Heart Association – Telemetry Monitoring Guidelines*
www.Stars.us.org
University Medical Center – Policies & Procedures

