OBJECTIVE

To implement a evidence-based, process improvement project to reduce telemetry overuse in a 40-bed, non-intensive care unit of a community hospital.

BACKGROUND

• Patients who are admitted with telemetry orders frequently stay on telemetry until discharge without proper indications.

• The use of low-value cardiac monitoring can result in errors in patient management, inappropriate use of resources, and increased costs. National guidelines encourage the use of a protocol that governs telemetry use outside of the ICU (Choosing Wisely Campaign, 2013).

METHODS

• Patients who have been on telemetry for more than 48 hours were monitored daily through a paper tool. Nurses initiated a conversation with physicians regarding the need to continue or discontinue telemetry.

• The IOWA Model for EBP was used to guide the project. Data were collected for a period of 4 weeks before and 4 weeks after the intervention. Nurses were educated on current AHA guidelines and a post-education quiz was administered with a 100% pass rate.

RESULTS

The pre-intervention group (n=118) had 14 downgrades compared to the post-intervention group (n=111), which had 20 downgrades. The pre-intervention data was influenced by a similar study in another telemetry unit which shared the same physicians. Of note, patients who were on telemetry for <48 hours were also downgraded without additional interventions (n=36).

There were several notable findings:

• 59.62% increase in financial savings through nurse-physician collaboration
• Projected annual reduction of 372 patient days
• Projected 900 nursing hours saved annually
• Anecdotal increase in downgrades in comparison to the previous year according to staff.

CONCLUSION

The results of this pilot study suggest that

• A multidisciplinary, evidence-based approach to reduce telemetry overuse can be beneficial for patients, nurses, and the organization.

• As integral members of the healthcare team, nurses can actively participate in national initiatives by using evidence-based practice to continually improve patient care.

• Further interventions can focus on the revision of policy to match current American Heart Association guidelines and closer monitoring of progress over a longer period of time.

REFERENCES


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