

Telemetry Overutilization: A Call to Action



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Project/ Purpose

To Reduce Medical-Surgical Telemetry Utilization by using RN Driven Guideline Discontinuation Guidelines

Background/Problem

In January 2021, our organization noted telemetry utilization rates were as high as 61.6% on all Med-Surg patients. Our organization recognized a need to reduce telemetry utilization in our patient population who did not meet criteria in order to:

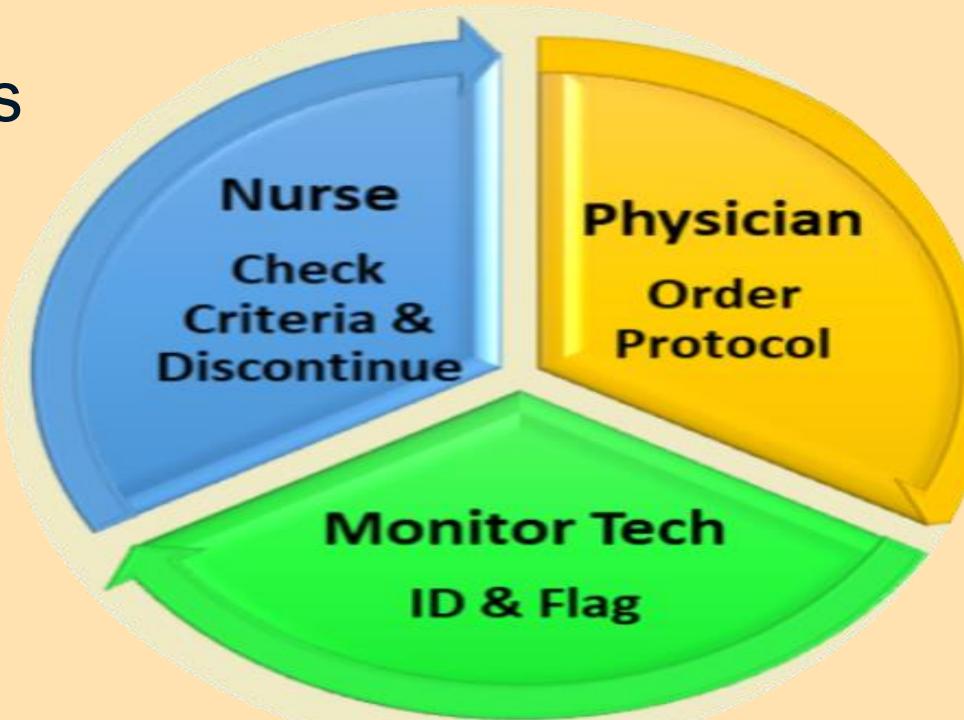
- Positively impact patient care
- Reduce alarm fatigue
- Follow best practice recommendations
- Improve availability of telemetry for patients who really need the monitoring

Barriers to Reducing Telemetry Utilization

 Inconsistent use of organization Telemetry RN Discontinuation Guideline

Barriers of the nurse driven protocol

- Perception of nursing time restraints
- Nurse's advocacy
- Physician felt safer with telemetry

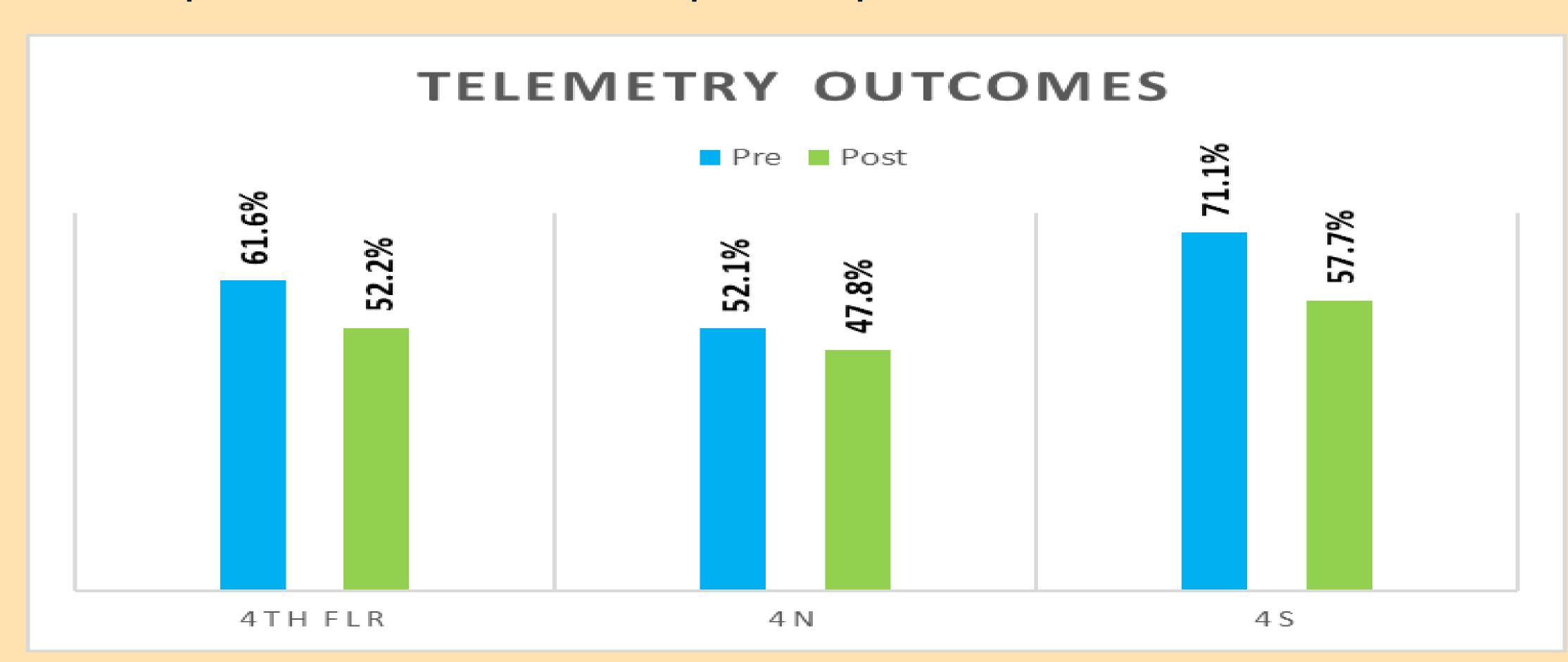


Intervention

- Twelve-week rapid PI project real time support
- April 26th to July18th, 2021
- Gemba Walk (nurses, physicians, monitor technicians)
- "Call to Action" on Telemetry RN Discontinuation Guideline
- Education
- Daily chart audits
- Discussion at Multidisciplinary Rounds (MDRs)

Outcomes

- Over 250 patients have been removed from telemetry, 702 telemetry days saved with a 9.1% reduction overall in med-surg telemetry patients.
- The Medical-Oncology unit had a 13.4% reduction, going from 71.1% to 57.7%.
- No reported cardiac related events, MRT's, or code blues
- No reported difficulties with patient placement



Conclusion

This QI project helped to identify root causes and barriers to the use of RN driven guidelines which allowed targeted corrective actions to be implemented. The real time change model allowed for real-time education and decision making. This pilot can help our division practices be shared with the system level practices on all medical-surgical units.

Limitations

- Cost savings such as Nursing time spent on tele tasks
- Pre/post survey results on how this may have helped the healthcare provider

References available on request

