POSTER: The Beat Stops Here: A Nurse-Driven Protocol to Manage Telemetry Orders

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Inappropriate cardiac telemetry monitoring persists within a large midwestern healthcare organization due to lack of alignment with clinical guidelines developed by the AHA and the electronic medical record’s (EMR) inability to place gaps on telemetry orders so that orders are reviewed and renewed during a patient’s hospitalization. Inappropriate monitoring due to tier framework for order management leads to increased costs, alarm fatigue, and reduced quality of care.

Noncardiac indicators account for 20.2% of all orders telemetry orders with 65% of telemetry patients remaining monitored until they were discharged from the hospital (Chen, et al., 2017). A nurse-driven prospective survey of cardiac telemetry orders has determined inappropriate telemetry usage by 9%, reduced monitored days by 0.5 days and led to an overall decrease of telemetry usage and daily cost by 70% (Chen, et al., 2017).

Objectives

- To implement a nurse-driven protocol assessment tool based on AHA guidelines to implemented BNP education, assessment tool, BNP consent forms, and the AHA assessment tool.
- To educate the leadership team, including the Chief Nursing Officer and the selected acute care unit and its nursing staff in the implementation of the AHA-based assessment tool.
- To implement the tool on the chosen acute care unit for 30 days.

Target Population and Sample

The target population were patients on one acute care unit within the large midwestern healthcare organization. The selected unit had a monthly average telemetry census of 127 medical-surgical, medical critica, surgical, oncology or palliative care patients. Participants were registered nurses (RN) employed by the unit. All patients admitted to the unit with a telemetry order on哪儿 are to be evaluated using the assessment tool. No other inclusion criteria were used. A total of 72 patients were included in this project.

Procedure

The CMU on the selected unit provided data during two unit meetings. The RNs completed a requisition form per patient with the tool to 300 daily and place the requisition form into a locked box inside the nurse manager’s office. RNs were informed during training that participation was voluntary and refusal to participate would not affect the patient’s care. The CMU manager was responsible for distribution the assessment tool to the RNs on the selected unit.

The CMU manager provided pre-phase data reporting number of patients monitored for 30 days prior to implementation of the AHA assessment tool. The CMU manager also provided post-implementation data collection on selected acute care unit with the collection of the assessment tool from the selected acute care unit.

Timeline

- The assessment tool, based on AHA guidelines to identify patients appropriate for early telemetry disconnection, was adapted from a similar tool used by John Hopkins Hospital (2014). The tool was completed on September 18, 2019.
- The Otterbein University Institutional Review Board provided approval on October 16, 2019 for the implementation of the AHA assessment tool. The tool was submitted to the Otterbein University IRB and approved on September 18, 2019. Approval from the AHA was received on September 24, 2019. Approval from the healthcare organization’s Compliance Department was received on October 16, 2019.

Education of the nursing staff from the selected unit included handouts of the assessment tool, a brief synopsis of the project and the assessment tool, and two education meetings conducted in two sessions in October 2019. The presentation was conducted with the CNO of the selected unit on October 16, 2019. Mock-up and reference versions of the assessment tool were provided to the RNs on the selected unit based on the recommendation of the CNO.

Collection of pre-implementation data from the CMI patient database was from September 29, 2019 to October 27, 2019. Implementation of the assessment tool on the selected acute care unit began on November 20, 2019 and continued to November 27, 2019.

Budget

Development of the assessment tool and educational handouts creation and distribution and presentation creation were not budgeted. Additional costs associated with the implementation of the AHA assessment tool were not budgeted.

The CMU manager provided a $100 per employee stipend to nurses as a partial compensation for travel or cost associated with the implementation of the AHA assessment tool.

Potential Cost Savings

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<tr>
<th>Organization</th>
<th>Annual savings</th>
<th>Potential Cost Savings</th>
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<tbody>
<tr>
<td></td>
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<td>$664,566</td>
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References


The Johns Hopkins Hospital. (2018). AHA acute care bundle requirements and acute versus chronic arrhythmia monitoring. The Beat Stops Here: A Nurse Education, Assessment tool. The returned tools were collected and appropriate education regarding the patient’s physician about the appropriateness of telemetry monitoring. The physician reviewed the assessment tool, agreed with the recommendation for disconnection and discontinued the telemetry order.

Conclusions and Recommendations

The recommendation is to implement similar assessment tools on similar telemetry. RN education may need to be more robust for greater understanding of the tool. Further research is needed to include practice scenarios to assist in understanding and to correctly complete the assessment tool. The returned tools were collected and compared to acute care bundle requirements and acute versus chronic arrhythmia monitoring. The selected acute care unit bundles bundles of orders for admission to the unit. Some of the forms indicated that telemetry was indicated due to admission, which is not an indication on AHA guidelines. Further clarification to the nursing staff on AHA guidelines for acute versus chronic arrhythmia monitoring is required. Some returned tools were returned with acute/chronic arrhythmia indication. When in new-arrhythmic atrial fibrillation may require cardiac monitoring, chronic atrial fibrillation is not automatically monitored under AHA guidelines. The assessment tool would be limited to only acute care or intermediate care units that use cardiac telemetry. Patients in a critical care setting are not appropriate for the assessment tool as telemetry is a standard as telemetry is a standard as a telemetry order in critical care settings (Sandak, et al., 2017).