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# Development of a Multidisciplinary Approach to Address the Overuse of Telemetry

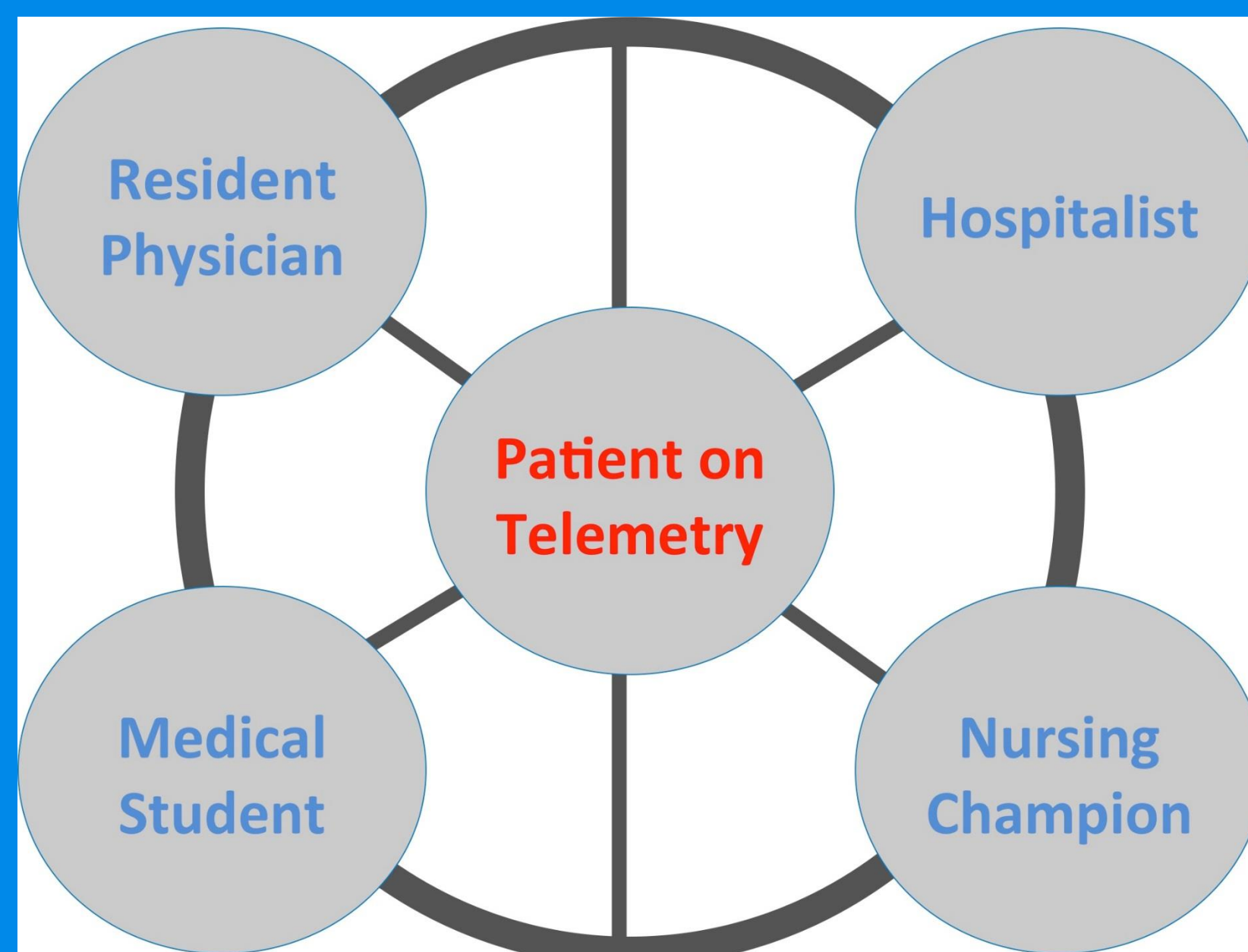
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## BACKGROUND

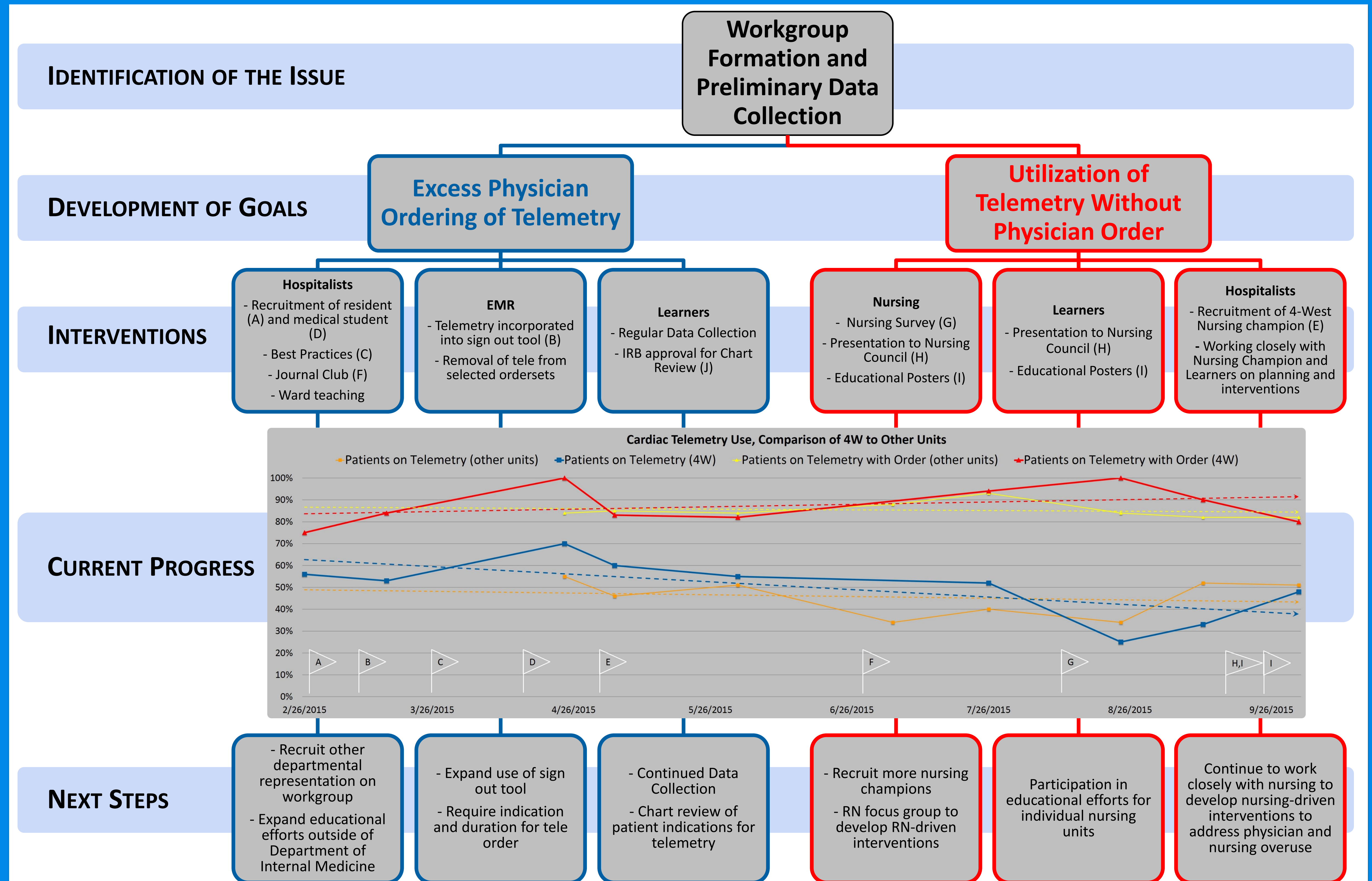
- The overuse of telemetry contributes to alarm fatigue, patient tethering, unnecessary follow-up testing, and excess cost.
- The AHA guidelines recommend monitoring primarily for patients who are critically ill have an active cardiac condition.<sup>1</sup>
- The University of New Mexico Hospital (UNMH) does not have a formal policy surrounding initiation or discontinuation of continuous cardiac monitoring.
- We hypothesized that this led to the overuse of CCM in patients outside of the ICU.
- QI literature suggests that utilizing a multidisciplinary approach with nurse champions can accomplish greater change.<sup>2</sup>

## PURPOSE

A workgroup was created to address the possible overuse of telemetry at UNMH. Preliminary data was collected in February and March of 2015 (see graph). The workgroup identified two major goals after collecting data on cardiac monitoring use at UNMH: (1) to decrease physician over-ordering of telemetry and (2) to decrease the use of telemetry in patients who do not have a physician order for this monitoring.



## DESCRIPTION AND FUTURE DIRECTIONS



## CONCLUSIONS

We developed a multidisciplinary approach to addressing the overuse of telemetry at UNMH. Our primary interventions have taken place on 4-West where we have both a concentration of hospital medicine patients and an active nursing champion. We have shown a small decrease in physician ordering of telemetry with educational interventions and small changes to our sign out tool. Our ultimate goal is to require an indication and duration for all telemetry orders. Overuse of telemetry without a physician order has not been widely reported in the literature to our knowledge. We recruited a nursing champion and this has been instrumental to our development of interventions to address this challenge. We have shown a small decrease in nursing utilization of telemetry on this unit. We plan to identify key stakeholders on other units in order to enact similar change.

## REFERENCES AND ACKNOWLEDGEMENTS

ADDITIONAL WORKGROUP MEMBERS: Susie Hoeppner, Keith Davis, Tomas Cordova, Peggy Beeley, Eileen Barrett, Becky Bair, David Olson

1. Drew BJ, Califf RM, Funk M, et al. Practice standards for electrocardiographic monitoring in hospital settings: an American Heart Association scientific statement from the Councils on Cardiovascular Nursing, Clinical Cardiology, and Cardiovascular Disease in the Young: endorsed by the International Society of Computerized Electrocardiology and the American Association of Critical-Care Nurses. *Circulation*. 2004;110(17):2721-2746. doi:10.1161/01.CIR.0000145144.56673.59.
2. Allen D, Weinhold M, Miller J, et al. Nurses as Champions for Patient Safety and Interdisciplinary Problem Solving. *Medsurg Nurs*. 2015;24(2):107-110.