

Use of Telemetry in the Inpatient Setting: Quality Improvement

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The use of telemetry to monitor patients in the inpatient setting is a common practice. As healthcare costs in the United States continue to grow, unnecessary medical services represent the largest source of estimated excess healthcare costs. By having a nurse-driven protocol to discontinue continuous telemetry monitoring without having to contact the provider, unnecessary costs could be avoided (Clapp, 2022). By understanding patient-centered care, a provider must recognize that to provide proper care, emphasizing patient preferences, values, and needs (QSEN Institute, 2020). Providers and nurses advocate for patients, strive to provide high-quality care and be cognizant of the cost of associated care. The evaluation also leads to other aspects, not patient-driven, addressing the nursing-specific issues such as alarm fatigue and reducing unnecessary telemetry tasks and monitoring, delays in departmental inpatient transfers due to lack of telemetry monitors, and financial burdens of the facility (Clapp, 2022). The significance of this protocol helps to identify gaps between local and best practices (QSEN Institute, 2020).

Article Summary

Introduction

The article's primary purpose, Nurse-Driven Protocol to Reduce Unnecessary Telemetry Use (Clapp, 2022), is to provide information about reducing the use of continuous telemetry monitoring by having a nurse-driven protocol to discontinue the use of continuous telemetry monitoring without consultation with the ordering provider. By having a nurse-driven protocol to discontinue unnecessary telemetry monitoring, patient costs can be decreased, reduced alarm fatigue for nurses and unnecessary telemetry tasks giving nurses more time to focus on other

nursing tasks. The project of a nurse-driven protocol to discontinue unnecessary telemetry use was used in a medical-surgical inpatient unit.

Overview

During the pre-implementation stage, the project was approved by the Institutional Review Board. Prior to the project, baseline data were collected for four months, and unlicensed personnel trained as monitor technicians tracked the daily patient census. The monitor technicians tracked data by recording the date and time each monitor was initiated and discontinued. Existing staff and resources were used, and no additional cost or purchases was required. Personalized education on the American Heart Association practice standards was developed for the nurse-driven protocol (Clapp, 2022).

During the intra-implementation stage, A telemetry discontinuation protocol was developed by an intra-professional team comprised of three physicians, an advanced practice registered nurse, and three registered nurses. The protocol included only medical diagnosis derived from the community-based hospital site; it also included criteria for discontinuation and a quick reference guide for unit charge nurses to consult. Nurse familiarity with the nurse-driven protocol was the first step in implementing this project. Monday through Friday, three charged nurses were educated on the protocol and were provided a quick reference guide and a telemetry discontinuation decision tree to see if the criteria were met for monitoring discontinuation without consultation with the ordering provider. During the 92-day project. The project developer and interprofessional team analyzed data to determine the effectiveness of the project. Out of 92 days, the protocol was applied on 73 days. The protocol was not used if one of the charge nurses was unavailable (Clapp, 2022).

Upon review and discussion of the post-implementation stage, by using the nurse-driven protocol, data collected by unit charge nurses on the number of monitors that were discontinued using the protocol, 45 telemetry monitors were discontinued without consultation of the ordering provider. There are some limitations of the project. Only three charge nurses participated and worked Monday through Friday, so the protocol could only be applied to a partial number of the possible 92 days of the project. Other considerations were time constraints, patient volume or patient acuity demands, preventing them from using the protocol on certain days, other responsibilities preventing protocol use, and replacement charge nurses who were unfamiliar with the project and protocol (Clapp, 2022).

Quality Improvement

An estimate of the daily cost of telemetry and an average estimate of dedicated nurse time for telemetry monitoring tasks amounted to a net saving for the facility of \$3709.80 and an average of 30 hours of nurse time during this 92-day project period (Clapp, 2022). The areas of focus in the inpatient setting are reducing patient health care costs and continuously improving the quality and safety of a health care system.

This project improved part of the health care professionals' daily work. It had value in measuring the role of exemplary patient care and cost-cutting measures for patient health care costs (QSEN Institute, 202). The project also derived a protocol for telemetry discontinuation without providers' consultation with the ordering provider. This project allows nurses to advocate for patients and limited resources independently. The project reduced institutional financial encumbrance and reduced nurse-related telemetry tasks. The protocol has been implemented at the project site in all medical-surgical units (Clapp, 2022).

Application to Nursing

Here add in a summary of the information learned to the application to practice. Follow the MEAL paragraph formatting and use Grammarly.com. Be sure to cover all aspects within the rubric. Be sure to use double space and to tab over for your first line of a new paragraph.

Practice

Paragraph goes here discussing the application to practice. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

Education

Paragraph goes here discussing the application to education. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

Research

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Conclusion

Write a conclusion here in your overall paper. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

References

Clapp, R. (2022). Nurse-Driven Protocol to Reduce Unnecessary Telemetry Use. *MEDSURG Nursing*, 31(2), 83–86.

QSEN Institute (2020). *QSEN Competencies*.

https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement