



## **Bedside Scanning Verification of Telemetry Monitors**

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**Problem Statement:** Bending our Electronic Health Record's abilities in creative fashion, in coordination with our bio-medical equipment team, Union Hospital of Cecil County has instituted bedside telemetry monitor verification through barcode scanning of the patient and telemetry monitor. In addition, unconventional use of the data repository has produced real time reports including an inventory of the facilities' monitors and location reports that display the telemetry monitor each patient is on, their last cardiac rhythm, verification of an existing order and the latest bedside scanning verification data. **Methods:** From the end-user perspective, the process starts in order management. A cardiac monitor order is placed which triggers notification to the telemetry monitor technicians. These technicians scan a designated monitor to the patient's medical record in preparation for pick-up by clinical staff. Once the monitor is taken into the patient's room for the first time, bedside scanning verification takes place mimicking the best practices of medication administration. Nursing staff continue to perform additional bedside scanning verification each shift until the patient or order is discharged, leading to the electronic and physical return of the monitor back to the monitor technician centralized station. **Results:** The capturing of this data created the ability for our database analyst to write data repository reports that produce real time inventory data as well as a location centered snapshot of the telemetry use and verification auditing for charge nurses in real time. This new practice ensures the right patient is being monitored on the right telemetry channel with constant electronic verification. In addition, these snapshot reports provide handoff amongst monitor technicians, primary and charge nurses to identify changes in cardiac rhythm and the appropriateness of telemetry to reduce unnecessary monitoring. After this practice was initiated, the event reporting of wrong monitor-wrong patient has decreased substantially as well as the total monitored census due to our new ability to display real time data facility-wide leading to an increase in timely discontinuation of unnecessary telemetry monitoring. A review of current literature would inform the researcher that the latest studies point to a deliberate decrease in telemetry monitoring in leading hospitals. **Significance:** Strain in costs and the census of monitored patients has motivated initiatives to decrease unnecessary telemetry monitoring, producing results indicative of lowering health care delivery expenditures and increasing the attention paid to monitoring critical ill clients. This presentation will highlight the multitude of benefits Union Hospital of Cecil County has enjoyed since the implementation of this practice, as well as offer considerations for those interested in adopting this program.