The inappropriate use of telemetry results in increased costs and carries The implementation of an EMR based telemetry guideline alert system The alert system could We analyzed data from patients being treated on the medical units at Adventist HealthCare Shady Grove Medical Center. The guideline algorithm was set to prompt clinicians to choose an indication appropriate use of telemetry. The guideline was integrated into the EMR and a “pop-up” alert system was configured. Clinical staff and physicians were educated on the guidelines and EMR alert pop-ups before implementation. Data was captured from patients who received telemetry one year prior to the training period (January to December 2015), and three months after training (January to March 2016). Data on the number of telemetry orders, average duration of telemetry monitoring, and average costs of telemetry were recorded. We analyzed data from patients being treated on the medical-surgical units at Adventist HealthCare Shady Grove Medical Center. The guideline algorithm was set to prompt clinicians to choose an indication each time telemetry is ordered for patients. For patients who were receiving telemetry, the system alerted physicians and nurses at 48 and 72 hour intervals to review the indication for telemetry and decide on how to proceed with care. Nurses were advised to communicate with physicians in the event a pop-up alert would appear in the system while they were treating a patient. The aim of this study was to investigate whether integrating telemetry guideline alerts into an electronic medical record (EMR) system had the ability to improve the rates of appropriate telemetry utilization in hospital medical-surgical units. • The inappropriate use of telemetry results in increased costs and carries the risk of producing false positive results leading to poor patient management. • The American Heart Association (AHA) has established guidelines recommending telemetry utilization based on the patients risk for a cardiac event: patients are classified as Class I, II, or III from highest to lowest risk, respectively.1,2 • The implementation of a telemetry guideline alert system, as well as its effect on patients' outcomes are warranted. INTRODUCTION • Method of Critical Disease in the Young: endorsed by the International Society of Computerized Electrocardiology and published by the American Heart Association scientific statement from the Councils on Cardiovascular Nursing, Clinical Cardiology, and Cardiovascular Care Nurses. Circulation. 2004;110(17):2721–2746. doi:10.1161/01.CIR.0000145144.56673.59. RESULTS • The average number of telemetry orders on the medical-surgical units decreased from 86 orders/day in 2015 to 65 orders/day in the first quarter of 2016 (Figure 1). • The AHA telemetry guidelines may aid in reducing unnecessary telemetry utilization and reduce the costs of care. • The average cost/month of telemetry decreased from $120,000 in 2015 to $91,000 at 3 months after implementation (March of 2016) (Figure 3). • More studies to assess the benefits of long-term use of the EMR telemetry alert system, as well as its effect on patients’ outcomes are warranted. CONCLUSIONS • The results indicate that the use of an EMR alert system with integrated AHA telemetry guidelines may aid in reducing unnecessary telemetry utilization and reduce the costs of care. • The system could help to improve the workflow and backlog issues related to patients waiting for telemetry beds. • Clinical Cardiology and Cardiovascular Care Nurses. Circulation. 2004;110(17):2721–2746. doi:10.1161/01.CIR.0000145144.56673.59. • Recommended guidelines for in-hospital cardiac monitoring of adults for detection of arrhythmias. Emergency Cardio. Care Committee members. J Am Coll Cardiol. 1991;18(6):1431–1433. REFERENCES 1. 2. Improvements in Telemetry Utilization Associated with Integration of Guideline Alerts in an EMR Vijay Kommineni, MD, Samuel Emelife, MD, Brian Carpenter, MD, SFHM, Marta Reviriego-Mendoza, PhD, John Larkin, MS, Len Usvyat, PhD, Laki Gajic, RN, BSN, Keriann Barnett-Howell, MPH, Marina Farah, MD, MHA