

Hardwiring AHA guidelines into order system reduced telemetry orders

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A health care system reduced its use of telemetry (monitoring to detect irregular heartbeats) by 70 percent by integrating the American Heart Association's (AHA's) guidelines into its electronic ordering system.

The AHA recommendations for non-intensive care unit (non-ICU) cardiac [telemetry](#) divide patients into three groups: cardiac telemetry is indicated, it may provide benefit or it is unlikely to provide benefit. Non-ICU telemetry appeared on the Society of Hospital Medicine's top 5 list for the Choosing Wisely Campaign in March 2013.

How the Study Was Conducted: The Christiana Care Health System approved the study, which began in December 2012 and ended in August 2013. The redesigned telemetry orders that included the AHA guidelines went into effect in March 2013.

The average weekly number of telemetry orders fell from 1,032 to 593 and the average duration of telemetry fell from 57.8 to 30.9 hours as reported in the authors' research letter. The average daily number of patients monitored with telemetry dropped 70 percent from 357 to 109. The [health care](#) system's average daily cost for non-ICU cardiac telemetry decreased from \$18,971 to \$5,772.

"Our project led to a sustained 70 percent reduction in telemetry use without adversely affecting patient safety." Robert Dressler, M.D., M.B.A., of the Christiana Care Health System, Newark, Del., and colleagues wrote in their *JAMA Internal Medicine* paper.

In a related commentary, Nader Najafi, M.D., of the University of California, San Francisco, writes: "It is remarkable to achieve such a substantial reduction in the use of this resource without significantly increased adverse outcomes. This result suggests two conclusions. First, telemetry is overused and the AHA guidelines, imperfect as they may be, can safely rein in unnecessary monitoring. Second, since the guidelines exclude patients who do not have a primary cardiac condition, the intervention must have safely reduced or nearly eliminated monitoring for these patients. It is a reminder of the absence of known clinical benefit of using telemetry on medical and surgical services. To practice evidence-based care, we need a randomized trial of telemetry."

More information: *JAMA Intern Med.* Published online September 22, 2014. [DOI: 10.1001/jamainternmed.2014.4491](https://doi.org/10.1001/jamainternmed.2014.4491)
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