

# Intervention can improve appropriateness of telemetry use

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A hospitalist-driven intervention to improve appropriate use of telemetry can reduce length of stay and costs, according to a study published online July 7 in the *Journal of Hospital Medicine*.

(HealthDay)—A hospitalist-driven intervention to improve appropriate use of telemetry can reduce length of stay and costs, according to a study published online July 7 in the *Journal of Hospital Medicine*.

David Svec, M.D., M.B.A., from Stanford University in California, and colleagues examined the effectiveness of an [intervention](#) to guide appropriate telemetry use. The intervention included a hospitalist-led, daily review of bed utilization; a hospitalist-driven trainee education module; quarterly feedback relating to telemetry usage; and financial incentives. Hospital bed-use data were compared between the baseline period (January to December 2012), intervention period, and extension

period (September 2014 to March 2015).

The researchers found that in the intervention period there were reductions for hospitalists in both length of stay (2.75 versus 2.13 days;  $P = 0.005$ ) and total cost (22.5 percent decrease) for telemetry bed utilization. There was no change in non-hospitalists telemetry bed utilization. In the pre- and post-intervention analyses, there were significant improvements in trainee knowledge of the most and least cost-saving actions ( $P = 0.002$  and  $0.003$ , respectively). In the hospitalist group the results were sustained, with [telemetry](#) length of stay of 1.93 days in the extension period.

"We believe that targeted, education-driven interventions with monitoring of progress can have demonstrable impacts on changing practice," the authors write.

**More information:** [Abstract](#)  
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