EP33-5 Telemetry Task Force November 30th, 2012

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| **Present:** | | Phyllis, Burton, RN, CM CVU; Sherry, McNabb, Tele Tech; Evelyn, Angeles, RN, CVU; Rose Ann, Moore, RN, Director Patient Care Services; Jennifer Trahan RN, CM PACU; Mike Eglinton, Cardio Tech, VCC, Kristen Waughtel, RN, 9th flr; Brenda Molencamp, RN, CM 4th flr; Lenora Kraft, RN, CM, 9th flr; Nicole Mason, RN, 7th flr; Diane DeMaster, RN, CM, GL Lab, Jennifer Robertson, RN, CM, CCU; | | |
| **Agenda Items** | **Discussion** | | **Action** | **Who** |
| **New Position** | Sherry McNabb CNA, MTI, Lead Monitor Tech | |  |  |
| **Purpose** | Purpose of this committee is to do an ongoing assessment of the remote monitoring process. Will be expanding monitors in the future so need to keep on top of current process.  Centura Telemetry task force updates /information/ clinical staff engagement: This committee looking at all processes and policies to see if any standardizations between facilities. Next meeting in January—need bedside staff nurse to attend.  Changes/Additions to Tele Policy-Evelyn Angeles; issue with patient reading asystole—white lead off but patient was not asystole. Reviewed changes to the algorithm.  Discussed case 4th flr. Patient transferred from the ED but did not have telemetry attached. ED does not attached telemetry prior to transferring the patient. Telemetry is not connected until on the nursing unit. However, do not have enough telemetry boxes to attached to all ED patients.  Discussed different standard in patient from the ED. Cannot move patient out of PACU or CCU without telemetry unit attached.  Feel that false since of security if telemetry put on in ED---cannot read telemetry during transport.  Nurse not calling to verify box number.  Criteria is needed for placing patient on telemetry.  Telemetry continued too long on patients. Barriers to getting telemetry dc/d; PCA, epidural, getting doctor to dc telemetry.  ED should be transporting patient on monitor and staying with patient until telemetry connected on the nursing unit.  Need ED rep and hospitalist at this meeting. Invite Dr. Perot?  PCA policy has been updated to include all patients on PCA will be monitored. | | Send recommendation for bedside nurse to attend this meeting to Phyllis Burton.  Updated policy.  This is to be discussed with E.D. prior to implementing this process.  Will ask ED rep. to next meeting and invite Dr. Perot. | Phyllis Burton |
| Flow Process | * ED; Calls patient placement, gets a room number, sends patient to room, once patient is in their room, floor contacts tele and has transport picks up a copy of the orders to bring to tele, transport will then take box back to unit requesting tele and leave at nurses station. The floor nurse will then call tele and verifies box and patient. * PACU; Calls patient placement, gets room number, calls tele and requests a box, sends tech over to pick up box, places on patient, calls and verifies box and patient, then transports to floor and once patient is in their room, floor calls and verifies box and patient. * CCU; Calls patient placement, get s a room number, calls tele for a box, either transport or CCU staff picks up tele, places patient on tele, calls and verifies box to patient, then sends patient to room and once patient is in their room, floor calls and verifies box and patient. * VCC; Calls patient placement, gets a room assignment, brings patient on a monitor to CVU. VCC staff stay in room until tele is placed on the patient; CVU RN calls tele and verifies box and patient. | |  |  |
| Back-up Process when boxes unavailable | Discussion;   * Biomed—some tele units in repair > 10 in biomed during period of high wait time. We have 106 units. Will have 165 in the near future. * Currently sending a mass-text sent out to units to get patients off telemetry units. * PACU sends out email to units estimated number of telemetry unit will be needed for the next day. * Nursing units could have idea of how many tele units will come off the next day. * 5th flr—doctor rounds late in day—after 3pm so will not get order until late. | | Will ask Dr. Tyler to send out memo to surgeons on when patient will be on telemetry; OSA, PCA, Epidural.  VCC-starting in January will be transporting their own patients. Will be bringing patient over on monitor and will wait with the patient until telemetry unit on the patient. If tele not available will hold in VCC. | Jennifer Trahan RN  Mike Eglington to follow up with staff. |