Abstract: Background: Up to 35% of telemetry days in academic hospitals are not guideline-driven. The "Choosing Wisely" campaign recommends that non-ICU telemetry usage be avoided, yet no policy governs continuation. With costs as high as $1400 per day, an opportunity exists for improving value through interventions aimed at increasing guideline-driven telemetry usage.

Purpose: To decrease inappropriate telemetry use on a medical specialties unit at a tertiary academic medical center through the implementation of an evidence-based decision support tool for telemetry use.

Methods: We conducted structured chart reviews to determine current appropriateness and to identify documented rationale for telemetry use. In addition, we surveyed Internal Medicine (IM) residents on their knowledge of and attitudes towards telemetry. To promote awareness of appropriate telemetry ordering, we developed a high-value care campaign titled “Trim the FATT” (Foley, Access, Telemetry, Thromboembolic prevention). The campaign included: (1) Education of attending hospitalists during faculty meetings, (2) Dissemination of pocket cards, which included an evidence-based decision support tool, and (3) A shortcut macro phrase in our electronic health record to improve documentation of telemetry ordering rationale.

Outcomes: 60 IM residents responded to a baseline survey (response rate 35%) prior to the “Trim the FATT” campaign launch. 50 (83%) of respondents were not aware of existing guidelines for telemetry usage and 55 (91%) endorsed ordering based solely on their clinical instincts. A chart review of 62 patients confirmed that there were 69 patient-days of non-guideline driven telemetry over 209 total telemetry days (33% of telemetry days were not evidence-based). Over half of inappropriate use was due to continuation of telemetry past the recommended stop date. A subsequent chart review following the initial “Trim the FATT” campaign launch showed that 5 of 22 patients (22%) remained on telemetry without an identifiable indication.

Next steps: We developed a high-value telemetry utilization strategy combining education and clinical decision support to enhance appropriate utilization of telemetry on a medical specialties unit. Inappropriate use of telemetry monitoring likely increases cost of care without any additional benefit to patient care. This initial intervention will inform future improvement cycles to sustain reduction of inappropriate telemetry patient-days.