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Title: “WHERE DID ALL THE EKG GO?” ANALYSIS AND IMPLEMENTATION OF INTERVENTION TO THE CURRENT EKG PROTOCOLS AT THE DENVER VETERANS AFFAIRS HOSPITAL

Abstract:

Statement of Problem: A recent survey at a Veterans Affairs Hospital among general medicine providers showed poor confidence in being able to locate an EKG, both physically and in the electronic medical record (EMR), when. Resultantly, patient treatment is delayed and resources are wasted repeating these studies. We aimed to identify and address the pitfalls in the process of obtaining and transporting EKGs from the Emergency Department to the General Medicine floors and EMR.

QI Approach: We conducted a three-question survey tool assessing the confidence in locating EKGs physically, and in the EMR. Questions were asked on a 1 to 5 scale, with 1 correlating with no confidence and 5 with complete confidence. We asked staff to complete it, and brought the results to the attention of departments involved. We explored the current protocols and actual practices involved in ordering, acquiring, transmitting, and transporting EKGs through the emergency department and general medicine floors.

Outcomes: The average confidence of finding an EKG physically was 2.8 (just below neutral), and finding an EKG in the EMR was 1.9. In speaking with various staff, we discovered incongruences within the EMR relating to obtaining an EKG, which led to numerous studies acquired without being connected to the correct patients. We also discovered the transmission of the EKG into the EMR was delayed and set to manual although the machine had the potential to transmit automatically. Our interventions reconciled incongruences within the EMR, and have eliminated the potential to acquire the wrong version. We were also able to activate the automatic transmission function of the EKG machines.

Next Steps: We will develop a sustainable method of monitoring the results from these interventions and resurvey staff to assess changes in the levels of confidence regarding EKG transmission and utilization. At that point we will continue to address issues identified.