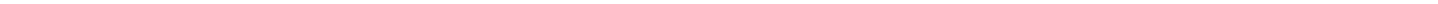




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Evaluation of Telemetry Utilization, Policy, and Outcomes in an Inner-City Academic Medical Center

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Objective

To evaluate the appropriateness and intermediate outcomes of telemetry admissions.

Methods

We abstracted demographic and clinical data from records of all new telemetry admissions during a 2-month period. To determine appropriateness, 2 authors classified patients using the American College of Cardiology (ACC) guidelines and our telemetry policy. Other utilization and outcome measures were assessed. Agreement between both guidelines was computed (k coefficient). Categorical group covariates were compared using χ^2 test. Variations in telemetry length of stay (LOS) were compared using Mann-Whitney and Kruskal-Wallis tests. LOS predictors were ascertained by multiple regression analysis.

Results

Of the 120 patients, appropriate admission was 81.6% (ACC criteria) and 83% by our criteria. Guidelines interrater reliability was .89 (k). Telemetry events incidence was 33.3%, with 5.8% major and 27.5% minor. LOS was longer among major than minor events group (7.8 vs 3.4 days, $p = .01$). Type of telemetry event was a predictor of LOS ($p = .0001$). The occurrence of a major telemetry event was associated with cardiology consultation ($p = .03$).

Conclusions

Appropriate telemetry admission was observed in more than 80% of cases. Our telemetry policy had very good agreement with standard guideline. However, the low rate of major telemetry events in all patient groups suggests current guidelines might have considerable limitations.



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Keywords

evaluation; health care; quality; improvement; health service utilization

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