

Telemetry: What Good Looks Like

Sustaining Solutions





Safe Table Discussion Confidentiality Agreement

Welcome to the CHPSO/AQIPS Safe Table discussion.

By participating in this Safe Table, I agree to perform Patient Safety Activities, such as reviewing, analyzing, and participating in deliberations about Patient Safety Work Product within the CHPSO Patient Safety Evaluation System as CHPSO temporary volunteer Workforce. My term of service as CHPSO PSO Workforce terminates at the end of this safe table. I understand that this safe-table is conducted in a safety culture where the focus is on systems or gap analysis and not on individual provider performance. All Patient Safety Work Product is confidential and shall not be disclosed except to provide feedback for quality improvement purposes. I understand that I will be participating in confidential conversations about sensitive confidential data that are intended to improve the quality of care at my facility. If I am disclosing information from my facility, I have permission to disclose the data and have removed any PHI and identification of any specific health care provider.

I understand that Confidentiality training and other rules for participating in the Safe-table will be provided to me at the beginning of the meeting. I agree that the confidentiality protections of Patient Safety Work Product shall survive after the meeting is adjourned and I will not disclose any Patient Safety Work Product discussed at this meeting except for quality improvement purposes within the facility. As this meeting is occurring via teleconference, I understand that I am responsible for taking reasonable steps to ensure that no impermissible disclosures occur at the location that I am participating in the meeting.

I recognize that 21 C.F.R. Part 3 provides for penalties -- that I can be personally responsible for -- of up to \$11,000 for each Disclosure of Patient Safety Work Product - other than to provide feedback to the facility for quality improvement purposes.

Prior to entering the safe table discussion, you will be prompted to acknowledge your acceptance of this agreement.



Ground Rules

You have a duty to protect confidentiality

You may not disclose Patient Safety Work Product (PSWP)

All information developed during the Safe Table is PSWP and must be marked as PSWP to show that the information is confidential and cannot be disclosed.

As a patient safety activity, these meetings occur within a Patient Safety Evaluation System (PSES).



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Sharon Hickman, MBA



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OUR TEAM



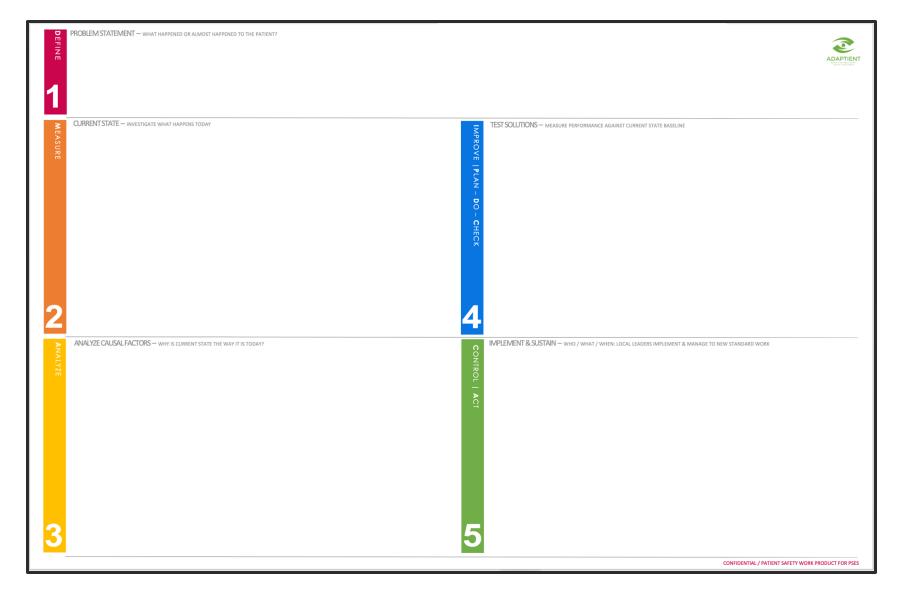
- California Hospital PSO
- Child Health PSO
- ECRI PSO
- Louisiana Alliance for Patient Safety PSO
- 2 additional PSOs
- More than 40 Hospitals

Aimee Cloyd **Eddie Decker** Vivian Eusebio Leslie Huezo Melinda Jamil Kamali Jones Angela Lockhart Mary C. Magee **Ashley Moody** Steven Smith Jeraldine Stoltzfus **Emily Tooley**





THE FRAMEWORK





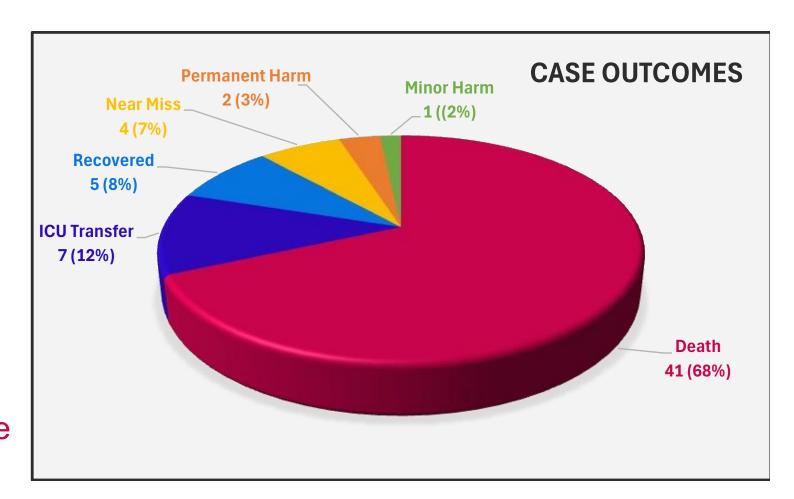
PROBLEM STATEMENT — WHAT HAPPENED OR ALMOST HAPPENED TO THE PATIENT?

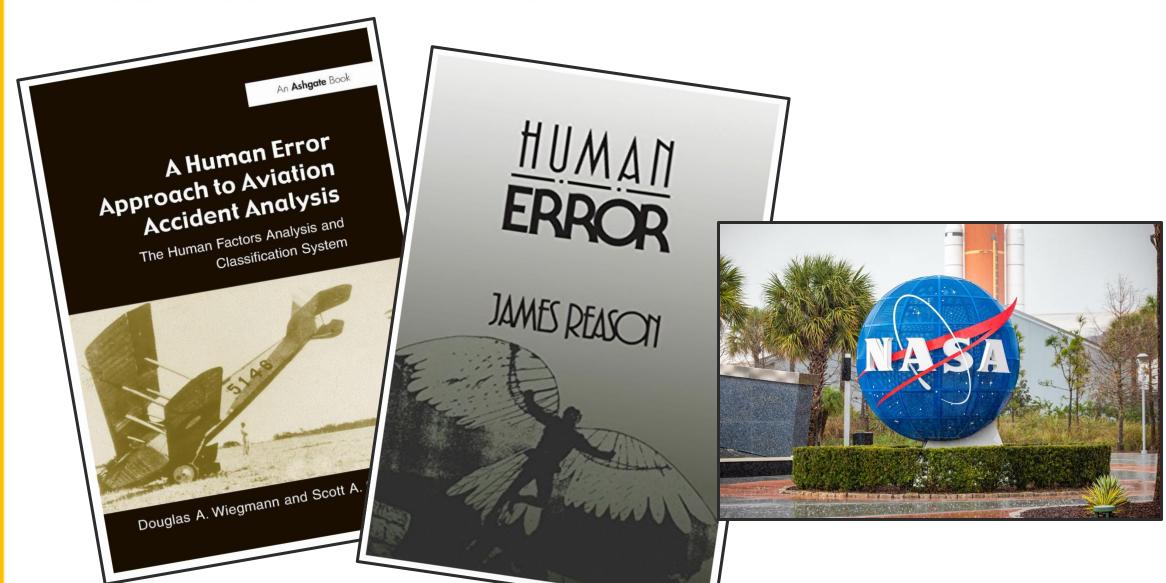
Despite multiple root cause analyses and improvement efforts, telemetry failures remain a persistent issue in healthcare. Why does this keep happening?

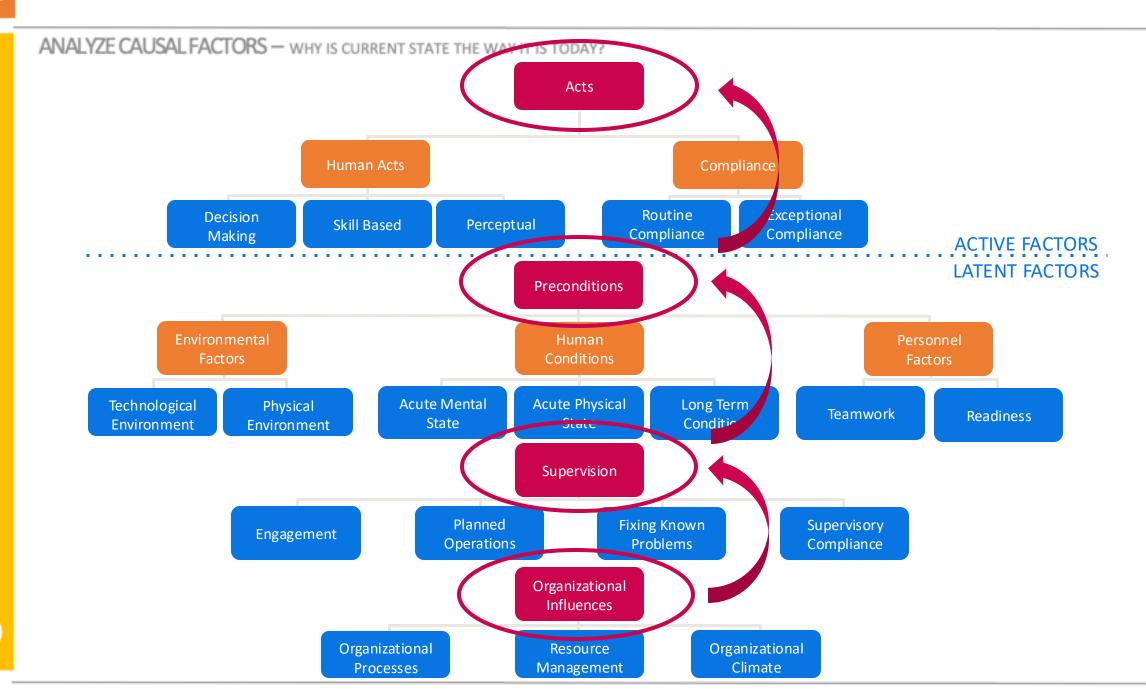
CURRENT STATE — INVESTIGATE WHAT HAPPENS TODAY

Telemetry = inpatient cardiac monitoring, adult & pediatric, any type of unit

79 RCAs submitted 19 excluded as not telemetry-related 60 analyzed 68% mortality rate







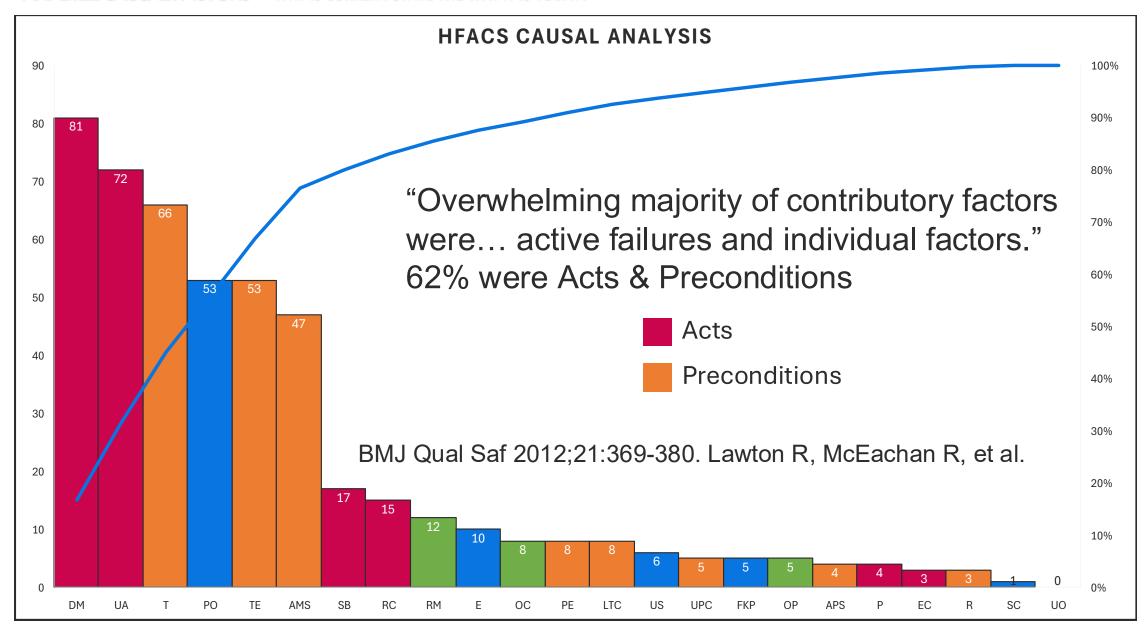
POLLING QUESTION 1

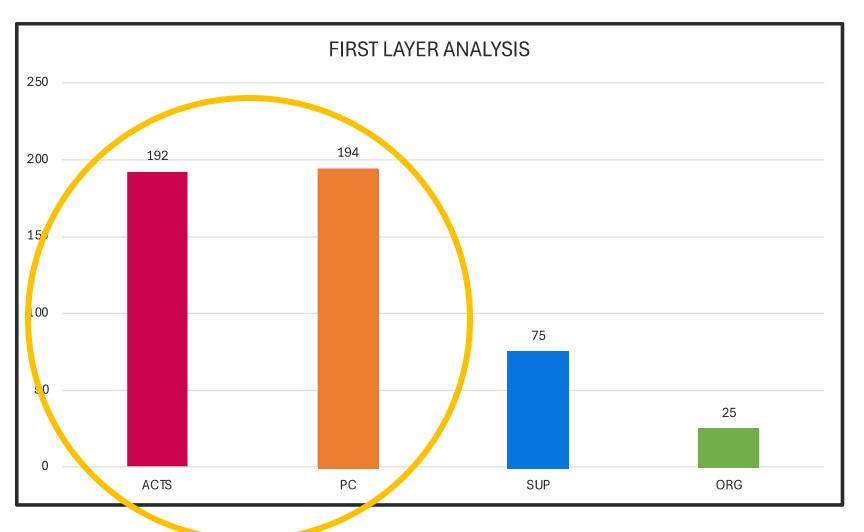
How often do your RCAs identify action items for senior management and executives?

- A. Always
- B. Sometimes
- C. Rarely
- D. Never







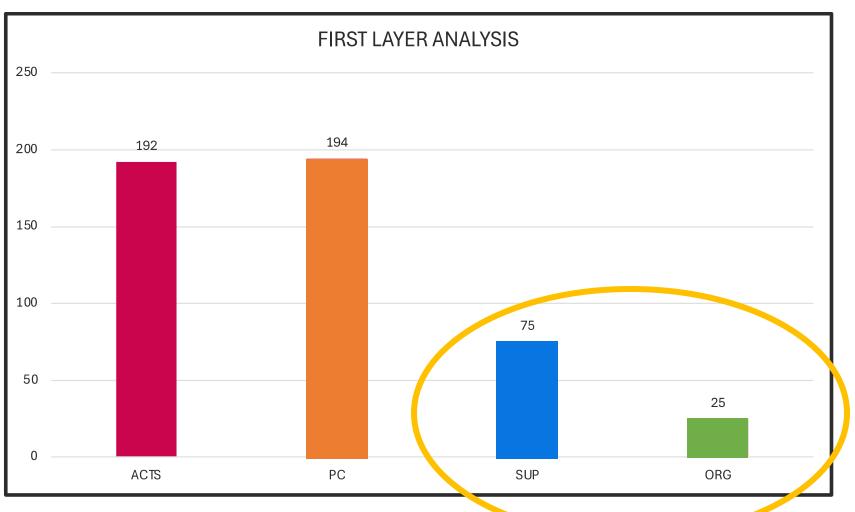


40% Acts

40% Preconditions

15% Supervision

5% Organization



40% Acts

40% Preconditions

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5% Organization

40% Acts

40% Preconditions

15% Supervision

5% Organization

Backsliding

4

Supervisory and Organizational solutions

Leadership's Job: Making Solution Stick

Leadership's Job: Making Solution Stick

EXECUTIVES AND MANAGERS OWN THIS SECTION

- ✓ They both message and model change management
- ✓ Operational managers ensure everyone is working to new standard
- ✓ Executives monitor results and adjust course when needed

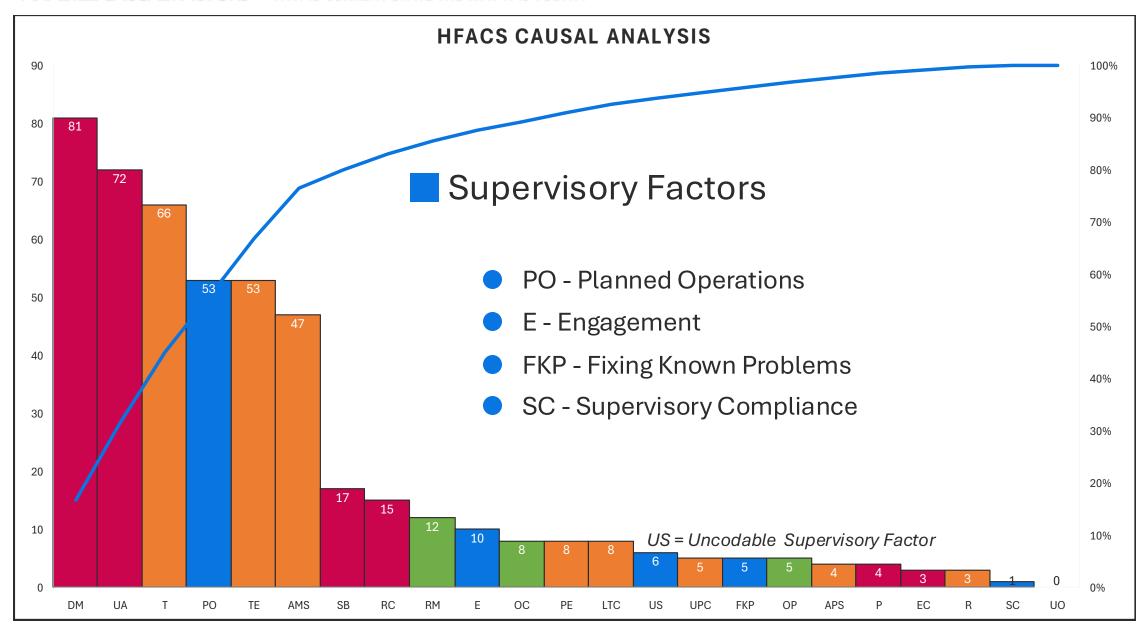
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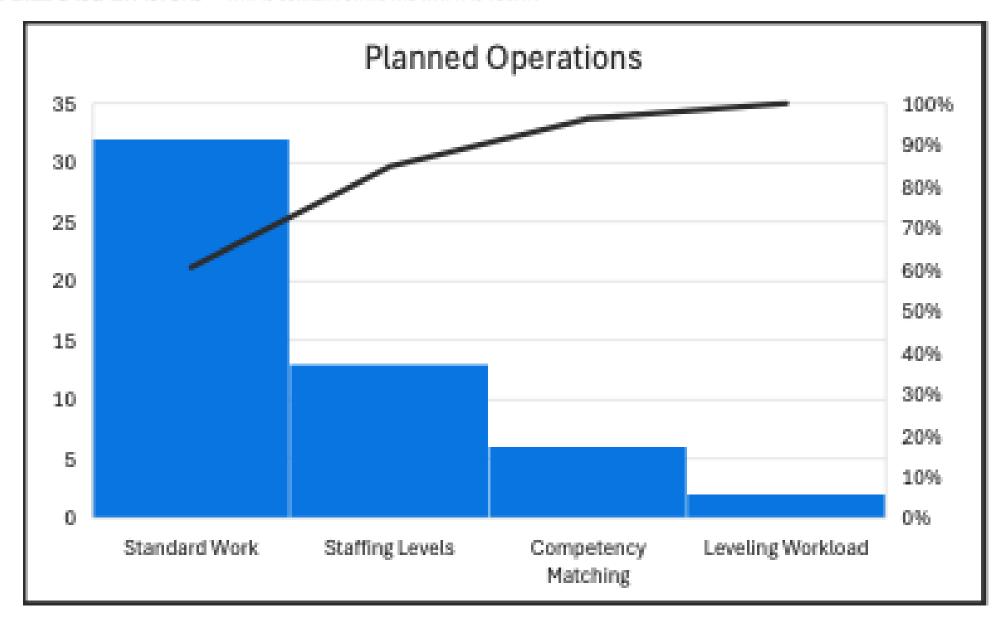
15% Supervision

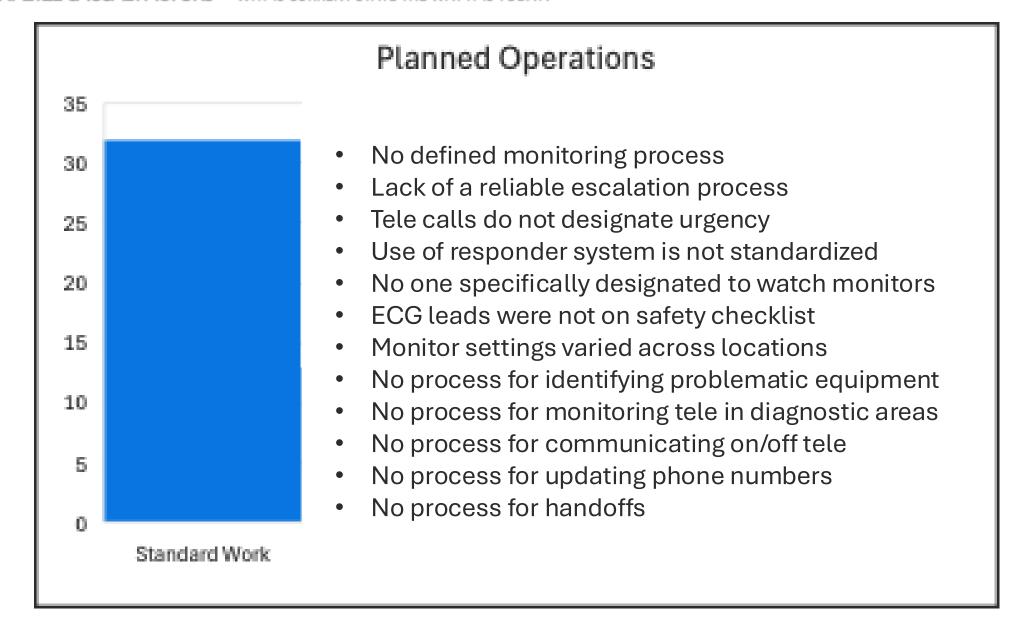
5% Organization

Backsliding

4







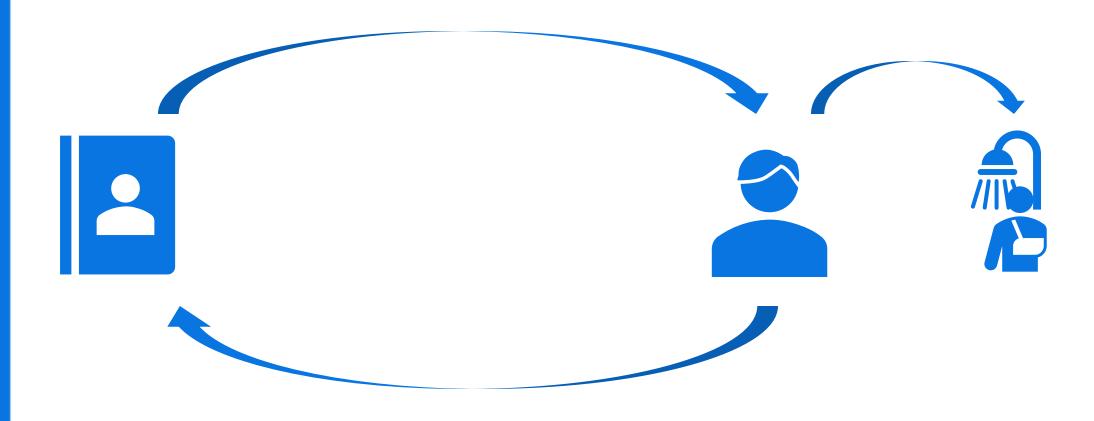
RULES for RELIABILITY

STANDARD WORK
All tasks are highly
specified as to content,
sequence, timing,
location, and expected
outcome



Standard Work

OFF TELE FOR BATH



4

TEST SOLUTIONS — MEASURE PERFORMANCE AGAINST CURRENT STATE BASELINE

Standard Work

OFF TELE FOR BATH

WHO: Nursing assistant

WHAT: Calls Tele Tech, always remains with patient

Calls Tele Tech when done to confirm lead

pickup

WHEN: Start, during, and end of bath

HOW: Scripted communication w/closed loop

WHY: Patient needing tele cannot be "off" and

alone





POLLING QUESTION 2

Who is really responsible for audits after an RCA – to make sure the solution was implemented and works?

- A. The CEO's team
- B. Nursing leaders
- C. The patient safety department
- D. Compliance & accreditation





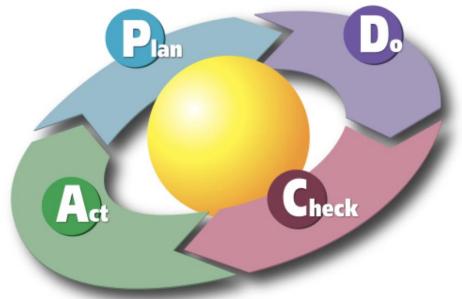
IMPLEMENT & SUSTAIN — WHO / WHAT / WHEN: LOCAL LEADERS IMPLEMENT & MANAGE TO NEW STANDARD WORK

OPERATIONAL LEADERS



Oversees design of standard work

Oversees testing of standard work





Responsible for implementation of standard work

Manages to that standard





Manages to that standard



Visual Management



OFF-TELE FOR BATH

Nursing Assistant

- Calls tele when taking patient off
- Remains with patient
- Calls tele when placed back on & confirms lead pickup
- Uses communication script
- Understands it isn't safe for tele patient to be off tele and alone

Manages to that standard

OFF-TELE FOR BATH

Nursing Assistant

- ✓ Calls tele when taking patient off
- ✓ Remains with patient
- ✓ Calls tele when placed back on & confirms lead pickup
- ✓ Uses communication script
- ✓ Understands it isn't safe for tele patient to be off tele and alone

Manages to that standard



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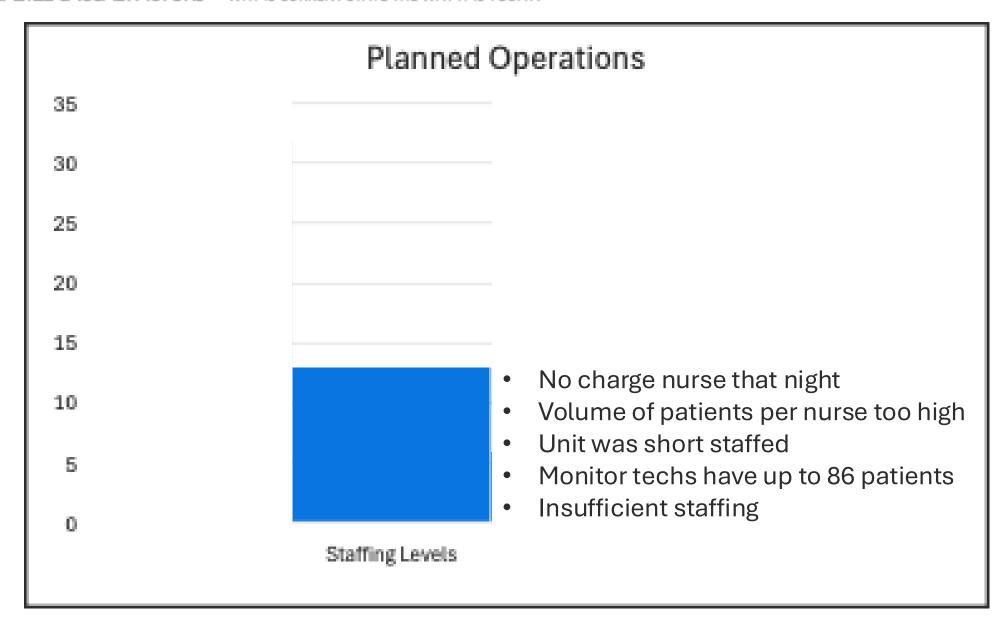
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Keep it simple!

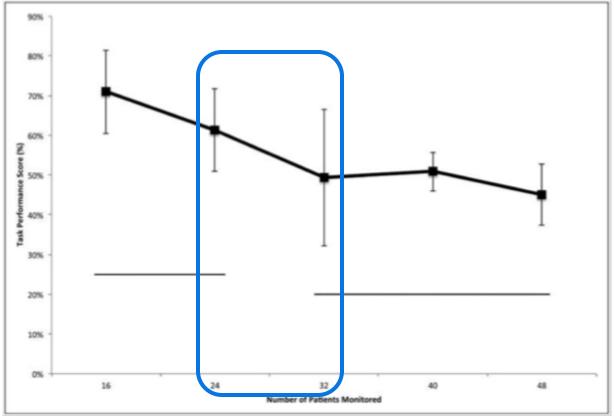
- ✓ No extra documentation
- ✓ Visual management only



EXECUTIVES REINFORCE WITH ROUNDS

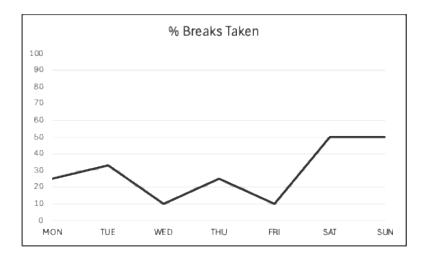


Control workload (24-32 patients per tech)



Segall N, Hobbs G, et al. Patient load effects on response time to critical arrhythmias in cardiac telemetry: a randomized trial. Crit Care Med. 2015 May;43(5):1036-42.

Leverage internal data



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Winters 2	19	15	21	12	11	16	23	21	9	11	14	22
Winters 3	8	16	12	21	6	3	21	17	13	20	16	18
Winters 4	23	17	12	23	18	8	9	21	19	20	12	16
Winters 5	17	19	13	9	15	21	16	18	9	19	16	22
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Butler S 4	3	4	8	1	5	3	8	2	7	2	9	11
Butler N 3	6	2	4	1	8	4	2	6	1	4	0	3
Butler N 4	0	3	2	7	4	0	1	5	2	4	9	3
MICUA	3	7	7	9	3	2	0	1	8	0	3	2
MICUB	2	5	9	5	0	0	1	3	5	1	2	0

Days/Month Staffing Above Recommended Ratio



PATIENT-SPECIFIC AI-ASSISTED DECISION SUPPORT

Contextual aids

- Risk factors
- Medications
- Trended clinical data
- Predictive analytics
- Nuisance alarm filters

TEST SOLUTIONS — MEASURE PERFORMANCE AGAINST CURRENT STATE BASELINE

GE HealthCare to Spotlight Industry-Leading Al-Enabled Portfolio and Digital Solutions at HIMSS 2024

March 7, 2024

News & Views Open access Published: 22 March 2025

Wearable AI to enhance patient safety and clinical decision-making

Arjun Mahajan, Kimia Heydari & Dylan Powell

✓

npj Digital Medicine 8, Article number: 176 (2025) | Cite this article

Philips launches smart telemetry platform for cardiac monitoring that provides continuous, enterprise-wide connectivity beyond the bedside

Empowering clinical teams to respond to surges, track usage and ease workflows with user-friendly touchscreen technology for telemetry patients on the move

Sep 04, 2025 | 3 minute read

ANALYZE CAUSAL FACTORS — WHY IS CURRENT STATE THE WAY IT IS TODAY?

Planned Operations										
35		100%								
30	Unit secretary assigned to watch tele displays	90%								
25	Covering nurse supervisor	70%								
20	unaware of tele protocolsNurse lacked experience	60%								
15	with cardiovascular patientsNurse was a temp unfamiliar	50%								
10	with tele processes • Staff skill mix inadequate	40% 30%								
	Relied on resident judgment	20%								
5	without speaking to attending	10%								
0	Competency Matching	0%								

- ✓ Job description competencies
- ✓ Privileging for staff



- ✓ Embed competencies in staffing apps
- ✓ Al-assisted staffing apps

TEST SOLUTIONS — MEASURE PERFORMANCE AGAINST CURRENT STATE BASELINE



M7

A nurse scheduling platform that dynamically builds shifts based on clinical competencies, ensuring the right nurse is in the right place at the right time.

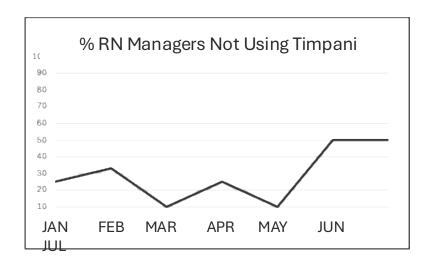
IMPLEMENT & SUSTAIN — WHO / WHAT / WHEN: LOCAL LEADERS IMPLEMENT & MANAGE TO NEW STANDARD WORK

OPERATIONAL LEADERS



Responsible for implementation

Manages to standard



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Winters 2	19	15	21	12	11	16	23	21	9	11	14	22
Winters 3	8	16	12	21	6	3	21	17	13	20	16	18
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Winters 5	17	19	13	9	15	21	16	18	9	19	16	22
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Butler N 4	0	3	2	7	4	0	1	5	2	4	9	3
MICUA	3	7	7	9	3	2	0	1	8	0	3	2
MICUB	2	5	9	5	0	0	1	3	5	1	2	0

Days/Month Staffed with Unconfirmed Competencies

IMPLEMENT & SUSTAIN — WHO / WHAT / WHEN: LOCAL LEADERS IMPLEMENT & MANAGE TO NEW STANDARD WORK





Leader: Location/Department: What is your improvement goal right now? How close to that goal are you? Do you have an idea about how to close the gap? How can I help you test that idea?

Notes:

Leader's Initials:

Date:

LEADER WALK

Go see. Ask why. Show Respect.



Leader: Dr. Erickson

Location/Department: Tele Command Center

What is your improvement goal right now? How close to that goal are you? Do you have an idea about how to close the gap? How can I help you test that idea?

Notes: Date: 10/23/25

Working on tech:patient ratio <30 pts per tech At goal 73% of shifts this month
Trying to hire more techs – slow HR process
Will speak w/CHRO about expediting hires and circle back to Tele Mgr

Leader's Initials:

LOW TECH DISPLAY IN CEO'S OFFICE

ADMINISTRATIVE SUPPORT

- ✓ Assign and track places visited
- ✓ Track follow-up items
- ✓ Plan for spread and celebration of successes



POLLING QUESTION 3

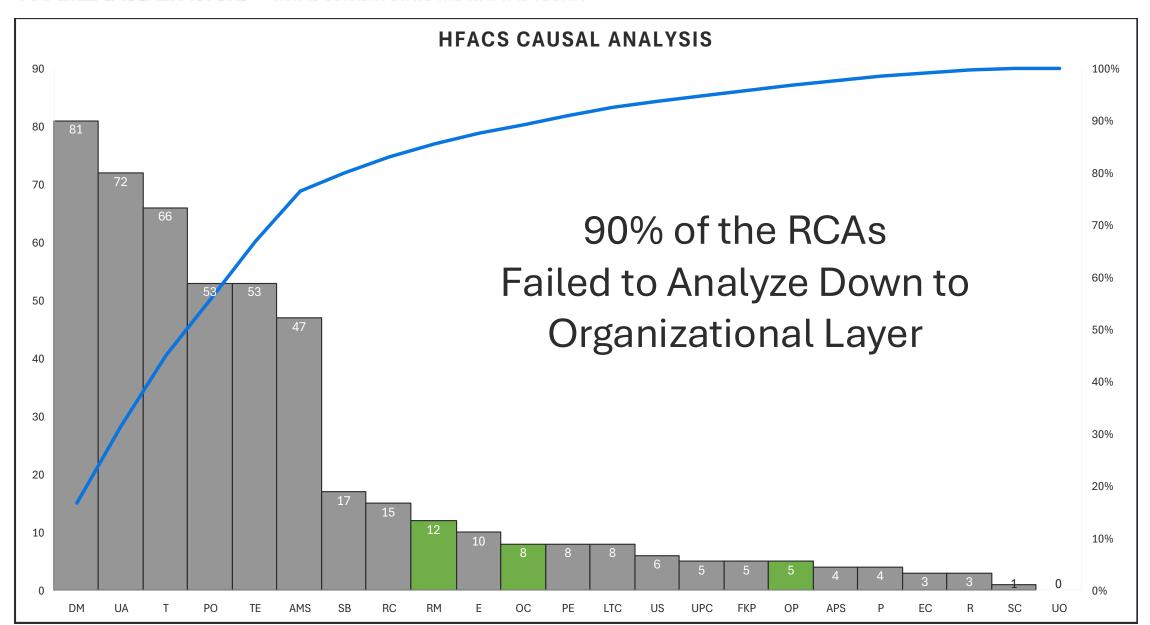
How many of your RCAs have an executive sponsor who reports directly to your CEO?

- A. All of them
- B. Most of them
- C. A few of them
- D. None of them





ANALYZE CAUSAL FACTORS — WHY IS CURRENT STATE THE WAY IT IS TODAY?















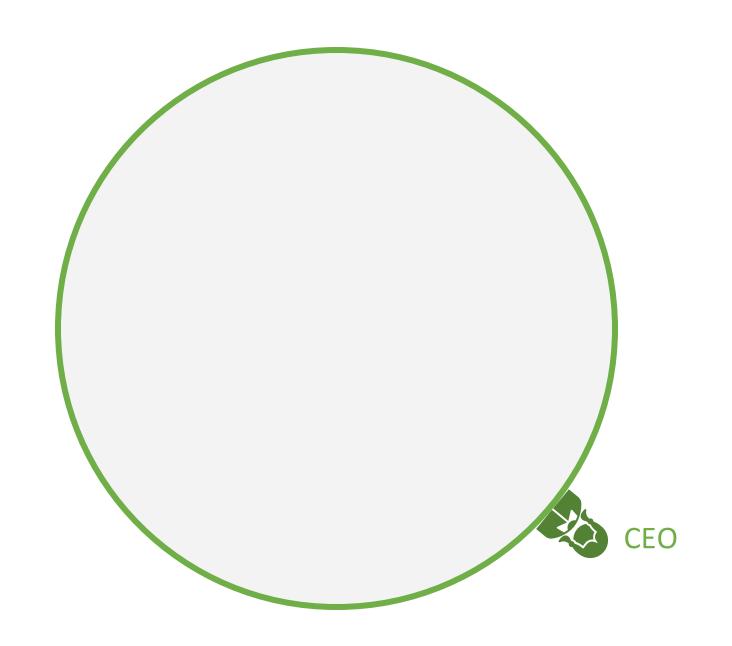


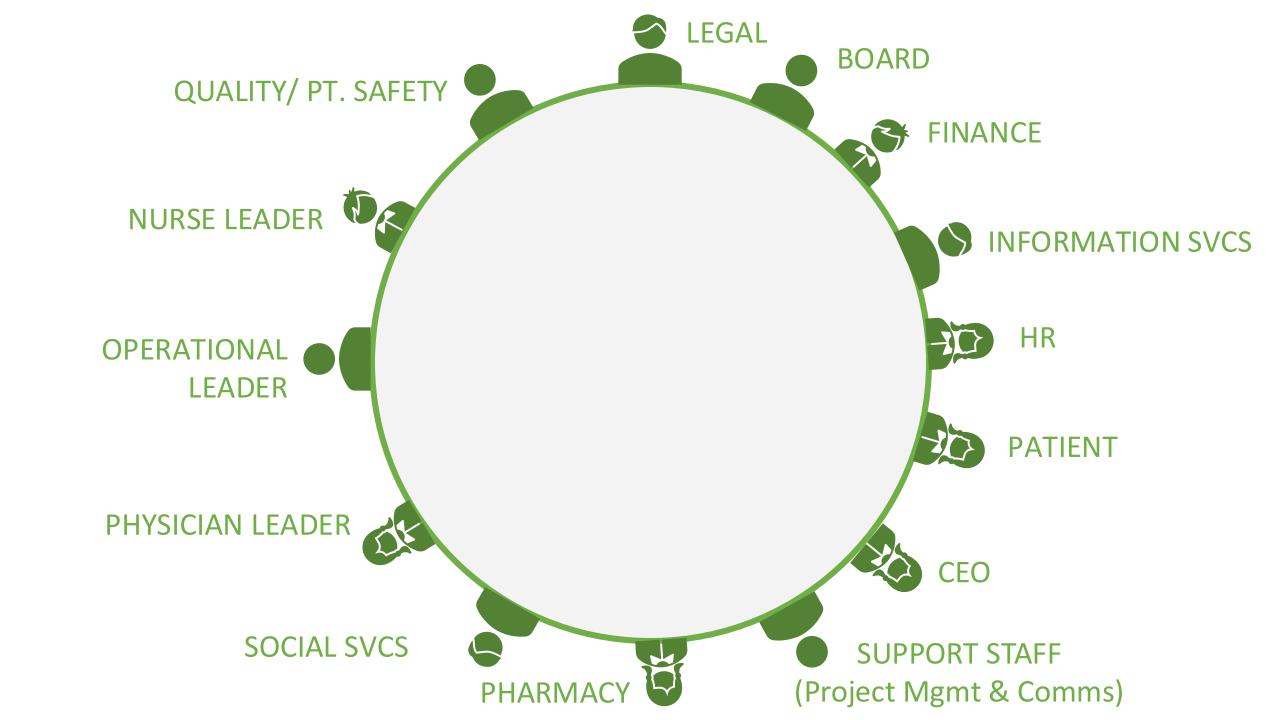




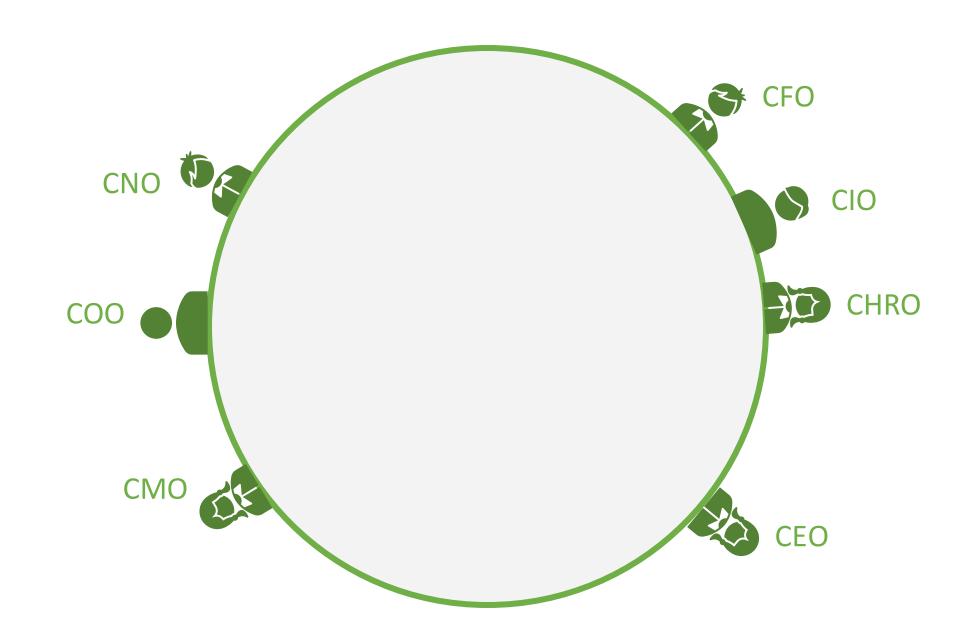
EXECUTIVES REINFORCE WITH OVERSIGHT

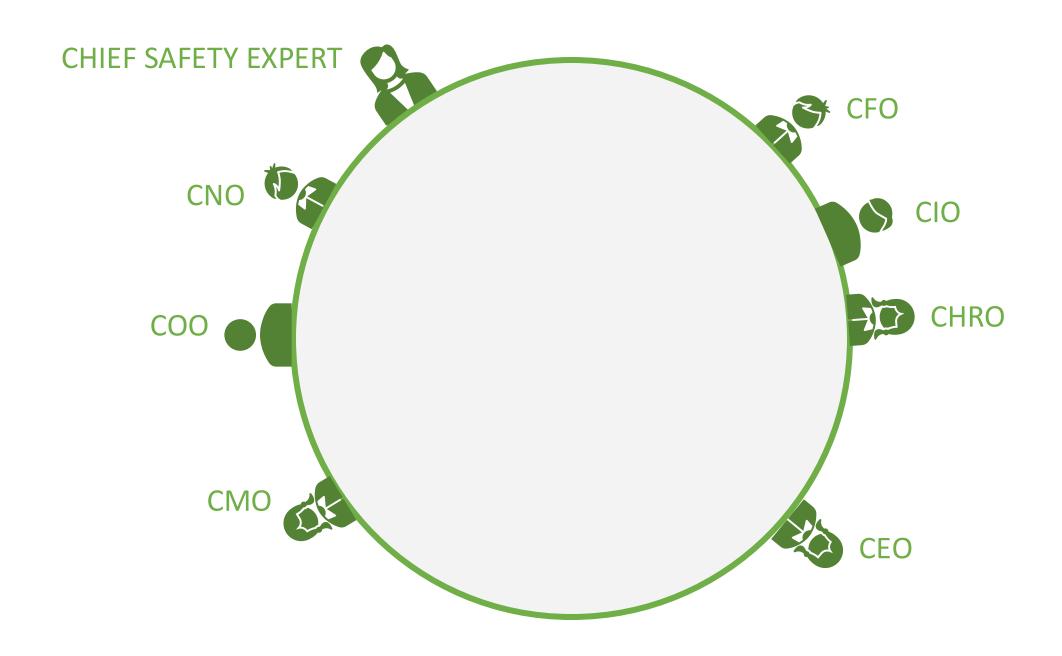




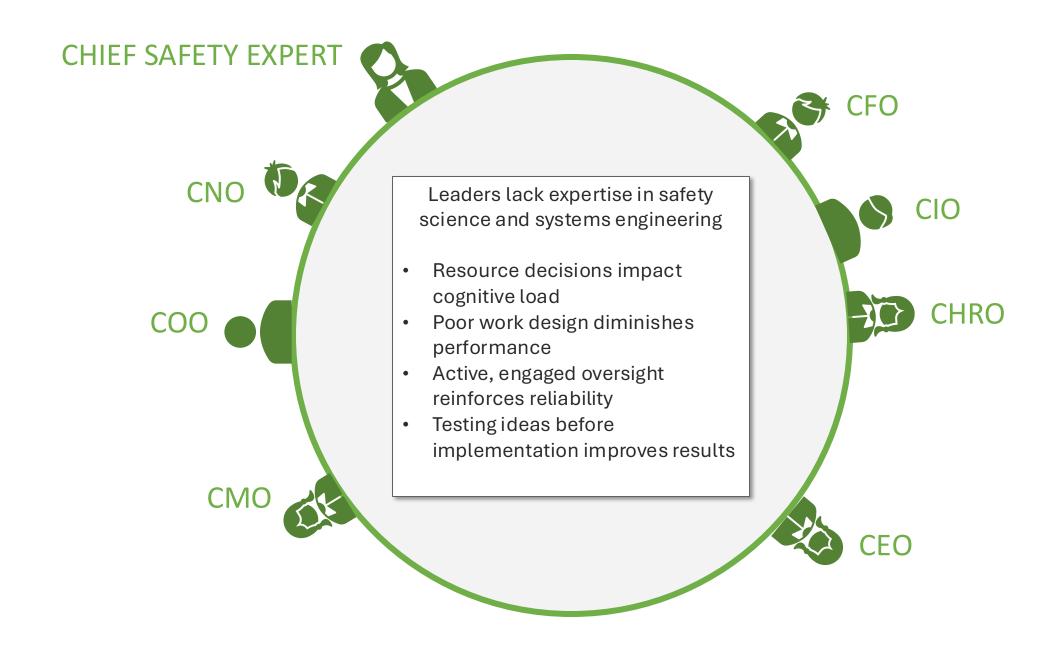


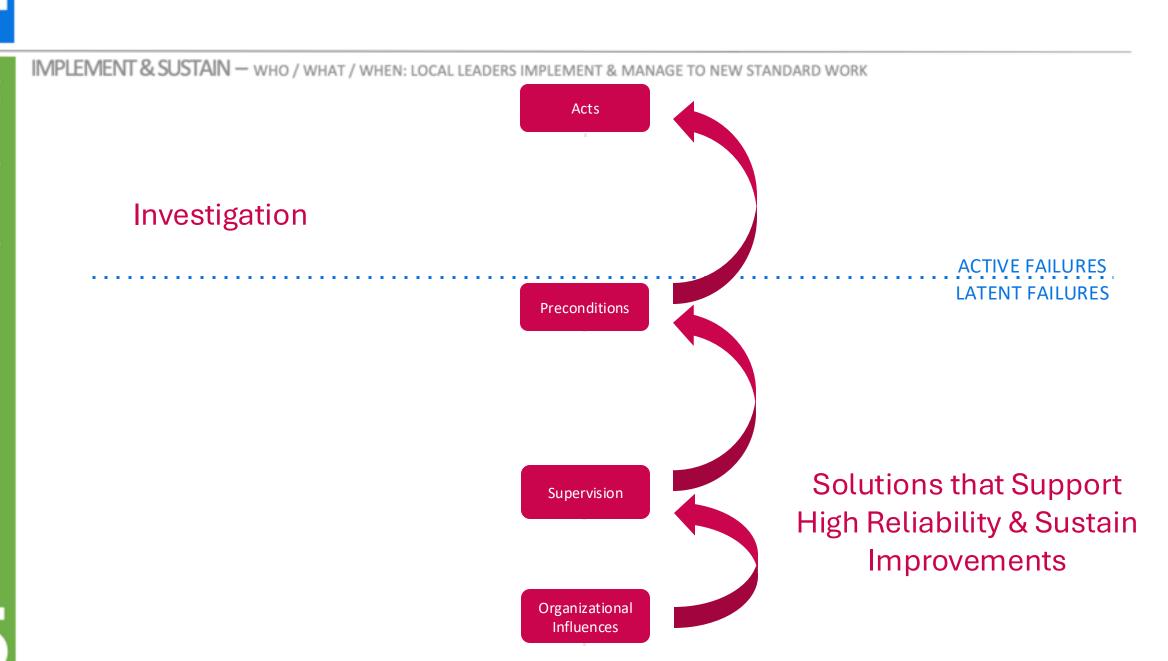














Telemetry: What Good Looks Like
Sustaining Solutions

QUESTIONS & COMMENTS

