YNHHS Mobile Cardiac Outpatient Telemetry Monitoring Guidelines for Inpatients

Scope: Adult inpatients in YNHHS who may require inpatient cardiac monitoring on patient care units where telemetry devices are limited or absent.

Background:

1) Inpatient telemetry monitoring is not comprehensively available for all beds/units across YNHHS DNs
2) The increased need for cardiac monitoring due to the COVID 19 crisis has led to consideration of alternative options that can provide near-real time cardia monitoring. This applies to both COVID positive and non-COVID patients.

Leadership and Decision Making:

1) YNHHS Adult Inpatient COVID-19 HVC/Electrophysiology leadership, Medical leadership, Nursing leadership, Bed Management, Materials Management, and Clinical Engineering.

Availability

1) Following a successful pilot on EP7.5 at YSC and Celentano 3 and 4 at SRC, this technology is available to all patient care areas at YNHH.
2) For all other DNs – please contact the team at 203-688-3633 and the team will evaluate the feasibility of implementing in your area.

Indications for Non-COVID Patients

1) Any inpatient that requires cardiac monitoring for usual indications can be considered for MCOT.
2) Floor level of care
3) Common indications may include:
   a. Cardiac monitoring for drug therapy initiation/treatment (excluding anti-arrhythmic medications)
   b. Monitoring of known non-life threatening arrhythmia
   c. Mild electrolyte derangements
   d. Low risk chest pain

Indication for COVID Positive Patients

1) Treatment with hydroxychloroquine and/or antiviral medications OR
2) Baseline QT >500ms for QRS <120ms, or >550ms if QRS > 120ms OR
3) Underlying cardiac conditions

** Note that though the cardiac monitoring is real time, the communication of events is “near real time”, meaning that there may be a 1-5 minute delay in communicating an event to the primary RN and/or medical team.***

Exclusions

1) For these indications, standard telemetry monitoring is preferred if available
   a. SDU or ICU level of care
   b. Primary reason for admission is cardiac in nature: arrhythmia/dysrhythmia; ACS; CHF, etc
   c. Severe electrolyte derangements
   d. Toxic ingestions
FAQs:

How do I order MCOT monitoring for a patient? Order directly through Epic (Cardiac Event Monitor) or call 203-688-3633 and provide patient’s name, MRN, Location, and reason for monitoring.

Are all types of cardiac events captured? All the time? Yes. Just like standard telemetry, all events are able to be captured by the technology 24/7 while the device is attached.

Who is notified about cardiac events? The 24/7 on-site inpatient event monitoring team will be receiving event alerts, reviewing them, and communicating them back to floor staff (via MHB) and also to electrophysiology MD for more highly concerning events

1) Critical events will be relayed by phone to the floor emergently.
2) Significant events will be entered into EPIC as documentation. These events are reviewed by an electrophysiologist, and relayed directly to team as indicated

How can the floor team review events that have occurred? Strips from the events are entered into epic by the monitoring team

How will events be documented in Epic? Strips from the events are entered into epic by the monitoring team

How do I know if MCOTs are available on my unit? Talk to the charge RN or PSM on the unit if you are unsure, you can also call the IEM team at (203) 6883633.

How do I know if my patient is already on MCOT monitoring? The order will be visible in Epic as “Cardiac Event Monitor 11-30 days”.

How do I discontinue MCOT monitoring? Call 203-688-3633 and provide patient’s name, MRN, Location, and reason for discontinuing

Is anything actually implanted into the patient? No, MCOTs in the inpatient setting are all externally placed. They are able to be sterilized and re-used for subsequent patients. These devices are generally used in the outpatient setting for one-month monitoring, but are being currently used in the inpatient setting to meet the clinical need due the pandemic and subsequent disruptions in care.
When should I consider transitioning to standard telemetry monitoring?

Any critical events should lead to a transition to standard monitoring (or higher level of care if indicated). As the EP reviews events, if concerning rhythms are seen, the EP will contact the floor team to consider transition to standard tele.