**Appendix A**

**Intervention Telemetry – Pre Survey**

*Please respond to the following questions to help understand telemetry use at Stanford Hospital and Clinics. This survey is comprised of a pre- and post- survey. Your replies will be anonymous, so please do not put your name anywhere on the form or on the Scantron. Please fill in corresponding bubble on Scantron sheet. Please return all sheets to your attending.*

1. Training Level: a. Medical Student b. R1 c. R2 d. R3
2. When do you evaluate the necessity of telemetry for your patients? (*Please select all that apply*)
3. On admission
4. During transitions of care
5. Once discharge plans are cemented
6. Daily
7. Rarely (Every couple of days)
8. Never
9. Which member of your care team is most likely to encourage you to consider appropriate telemetry use on your patients?
10. Myself
11. Other resident
12. Team care rounding members
13. Nursing
14. Attending
15. Patient
16. Consulting service
17. What percentage of all patient encounters does your team discuss a patient’s need for telemetry?
18. 0-10% of encounters b. 11-25% c. 26-50% d. 51-75% e. 76-100%
19. What percentage of all patient encounters does your team discuss indications for starting/stopping telemetry?
20. 0-10% of encounters b. 11-25% c. 26-50% d. 51-75% e. 76-100%
21. What percentage of Stanford Medicine wards patients do you think are currently on telemetry?
22. 0-10% b. 11-20% c. 21-30% d. 31-40% e. 41-50%
23. What percentage of Stanford Medicine patients on telemetry do you think have indications for telemetry use?
24. 0-10% of b. 11-25% c. 26-50% d. 51-75% e. 76-100%
25. According to AHA guidelines, which patient / (s) should not be on telemetry ? (*Please select all that apply)*
26. 85 year old male with acute heart failure
27. 72 year old female resuscitated recently from cardiac arrest
28. 83 year old male with asymptomatic non-sustained ventricular tachycardia hospitalized for cellulitis
29. 64 year old male presenting following recent overdose of Venlafaxine
30. 62 year old male in the early phase of being ruled out for myocardial infarction
31. – (13) Case: 85 year old female with a past history of pneumonia on IV levofloxacin is on a telemetry ward. She is alert and oriented x 1 with a sitter at her bedside. She is receiving TPN for nutrition and is having daily labs (CBC with diff / complete metabolic panels) assessed. Think for a moment about a safe intervention that would save cost. Please rank the actions below from MOST (= a) cost saving to LEAST (= e) cost saving.

9. Discontinuation of the sitter \_\_\_\_\_\_\_

10. Transitioning of IV levofloxacin to PO levofloxacin \_\_\_\_\_\_\_

11. Discontinuation of daily labs (CBC with diff / metabolic panels) \_\_\_\_\_\_\_

12. Discontinuing telemetry \_\_\_\_\_\_\_

13. Discontinuing TPN (total parenteral nutrition) \_\_\_\_\_\_\_

**Intervention Telemetry – Post Survey**

*Please respond to the following questions to help understand telemetry use at Stanford Hospital and Clinics. This survey is comprised of a pre- and post- survey. Your replies will be anonymous, so please do not put your name anywhere on the form or on the Scantron. Please fill in corresponding bubble on Scantron sheet. Please return all sheets to your attending.*

1. How important, do you feel, is appropriate telemetry usage in providing cost conscious care / assuring appropriate hospital resource management? *(Please select one response)*
   1. Very important
   2. Somewhat important
   3. Not very important
   4. Not important at all
2. According to AHA guidelines, which patient / (s) should not be on telemetry ? (*Please select all that apply)*
   1. 85 year old male with acute heart failure
   2. 72 year old female resuscitated recently from cardiac arrest
   3. 83 year old male with asymptomatic non-sustained ventricular tachycardia hospitalized for cellulitis
   4. 64 year old male presenting following recent overdose of Venlafaxine
   5. 62 year old male in the early phase of being ruled out for myocardial infarction
3. What are *your* perceived barriers to discontinuation of telemetry? (*Please select all that apply)*
   1. Time to place the order and discuss with care team
   2. Patient preference
   3. Nursing desires
   4. Transportation limitations
   5. Other housestaff desires
   6. Team Attending desires
   7. Consulting team desires
   8. None
4. – (21) Case: 85 year old female with a past history of pneumonia on IV levofloxacin is on a telemetry ward. She is alert and oriented x 1 with a sitter at her bedside. She is receiving TPN for nutrition and is having daily labs (CBC with diff / complete metabolic panels) assessed. Think for a moment about a safe intervention that would save cost. Please rank the actions below from MOST (= a) cost saving to LEAST (= e) cost saving.
5. Discontinuation of the sitter \_\_\_\_\_\_\_
6. Transitioning of IV levofloxacin to PO levofloxacin \_\_\_\_\_\_\_
7. Discontinuation of daily labs (CBC with diff / metabolic panels) \_\_\_\_\_\_\_
8. Discontinuing telemetry \_\_\_\_\_\_\_
9. Discontinuing TPN (total parenteral nutrition) \_\_\_\_\_\_\_

**Appendix B**

**Case Mix Index over baseline and intervention periods**

|  |  |  |
| --- | --- | --- |
|  | Baseline Period | Intervention Period |
| Hospitalists | | |
| Telemetry beds | 1.54 | 1.57 |
| Non-telemetry beds | 1.46 | 1.46 |
| Overall | 1.29 | 1.27 |
| Non-hospitalists | | |
| Telemetry beds | 1.61 | 1.52 |
| Non-telemetry beds | 1.43 | 1.46 |
| Overall | 1.32 | 1.23 |