**PPNO List Serv Query Summary Template**

Last Name First Name Institution Info email

Kowalczyk Elizabeth Michael Garron Hospital Elizabeth.Kowalczyk@tehn.ca

Contact for further information:

Date of Summary:

1.      ***Does your hospital have RPNs monitor telemetry patients?***

*If so, what are the educational training requirements/expectations for the nurses?*

*Do they differ from the RNs on these units?*

Policy/Procedure X Practice X Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| Responder Info | Response | Attachment(s)\* |
| --- | --- | --- |
| Sarah Jorgensen RN, BA, BScN, MSc Clinical Educator – Critical Care Unit and Medical Cardiology (C5)Brant Community Healthcare System 200 Terrace Hill Street Brantford, ON N3R 1G9 Telephone: (519)751-5544 ext. 4275 Email: [sarah.jorgensen@bchsys.org](mailto:sarah.jorgensen@bchsys.org) | We do have RPNs who provide telemetry monitoring on our medical cardiology unit. There is an expectation that all nurses who are monitoring telemetry have a basic arrhythmia course and demonstrated competency with rhythm analysis. |  |
| Sue Bow  Critical Care Educator  Pembroke Regional Hospital  613-732-2811 Ext 6644  susan.bow@pemreghos.org | RPNS do not monitor telemetry patients. However, they may be assigned a patient on telemetry. We have RPNs working in a  team with an RN on our units. The RN would be responsible for the telemetry aspect. |  |
| **Becky**  **Becky Rasenberg, RN BScN**  **Nurse Educator**  **Cardiac Surgery, Structural Heart (Interim)**  **Southlake Regional Health Centre**  596 Davis Drive, Newmarket, Ontario, L3Y 2P9 **T:** (905) 895-4521 ext. 2658, pager 1519  **Email:** [brasenberg@southlakeregional.org](mailto:brasenberg@southlakeregional.org) | At present, RPNs are not employed on Cardiovascular Surgery (CVS) or Cardiology (CAM) units.  The Cardiac Short Stay Unit (CSSU) uses RPNs.  They are required to take CC1 (or equivalent).  They are able to interpret telemetry.  They do not work on the electrophysiology side due to their unpredictability and instability.  When a patient becomes unstable or unpredictable the RPN will transfer care of the patient to the RN or they may work together in a team-based approach. |  |

PPNO Survey April 13, 2020

Questions regarding RPN’s caring for patients who require telemetry

Contact: Pelletier Melissa Royal Victoria Regional Health Centre pelletierm@rvh.on.ca Last name First name Institution Information email

| Responder Info | Question | Attachment(s)\* |
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| **Kim Waine RegN**  Nurse Clinician Cardiolgy Health Sciences North / Horizon Sante-Nord Ramsey Lake Health Centre, Sudbury ON P3E 5J1  Phone: 523-7100 ext 8501  email: [kwaine@hsnsudbury.ca](mailto:kwaine@hsnsudbury.ca) | A telemetry patient can be admitted to any in-patient bed in our hospital, & they would be monitored by CMU. (Cardiac Medical Unit)  Cardiology Unit has 53 in-patient beds, where we **monitor our own** telemetry patients.  We have capability of monitoring 100% of our patients.  (We have 8 PCI beds, where we have hard wire monitors, staffed with RN’s only.)  In 2012 we brought in RPN’s.  They get certified in ECG, & monitor their own assigned patients.  They get assigned patients that fall within their scope, if the acuity of the patient changes, there is a transfer of care to an RN.  The certification consists of 2 day course delivered by our ICU clinicians, a Self-Learning Package & a test. |  |
| susan bow <susan.bow@pemreghos.org> | 1. Do RPN’s care for patients who require telemetry monitoring? If so, does this involve interpreting and documenting on their findings? Yes they care for them on Medical and Rehab units. They do not interpret. Currently, ICU interprets the Rehab strips and send to the floor daily. Medical RNs interpret for the medical units 2. If RPNs are caring patients who require telemetry monitoring, is this done on cardiac units or other places within the facility? See above- RPNs may  care for telemetry  patients on Surgical, Rehab or Medical floors 3. What frameworks or strategies do you employ for managing patients when the telemetry patient’s acuity ventures outside the scope of practice for the RPN or in determining patient assignment? ON medical units the nurses work in teams- an RN and RPN are responsible for a group of patients. They assign the patients between them at the beginning of a shift based on pt acuity/needs. If a patient condition changes, care is transferred to the RN 4. How are telemetry alarms managed with RPNs assuming a primary nurse role including telemetry interpretation? This is an ongoing issue and we have just recently in the last week had central monitoring installed on one medical unit. The main medical unit monitored their own tele, however, one other medical unit, surgical and rehab tele patients are/were monitored by the ICU. It has proved problematic as the ICU must call a portable telemetry phone on the unit( one RN is responsible for carrying on each unit). The phone may not work/ be dead, or not being carried. Nurse then calls main floor number. ICU has to then talk to the primary RN re the alarm; they may also offer direction. ie should call MD ; suggest get 12 lead; etc. This has recently changed and now ICU only monitors surgical and Rehab -- same process. 5. What education is in place for both initial, and ongoing support for RPNs caring for patients who require telemetry monitoring?I can't answer that. As far as I know no official education. They are taught how to apply /change electrodes . 6. Would you be willing to share any documentation/order sets, etc. that support this practice in your organization? We have a standard work for this process but due to the nature of our issues and the fact that we are reviewing our practice, I do not think it would benefit.We have expiry dates for our telemetry issues and this is another area we have huge problems with-- we have trialled several approaches but still have not solved the issues--- work in progress 7. If you have changed your model of care from an RN only, to a model of RPNs assuming primary care for a telemetry patient including interpretation and documentation, how was this change mitigated? This has been the practice for several years. I do not know the background of it- apologies |  |
| Cathy Goacher  Director, Professional Practice  Halton Healthcare  3001 Hospital Gate  Oakville, ON  L6M 0L8  [cgoacher@haltonhealthcare.com](mailto:cgoacher@haltonhealthcare.com) | We don’t currently have RPNs interpreting and documenting findings related to telemetry.  An RPN may care for a patient on telemetry, but one of the RNs on the unit is responsible for the telemetry monitoring.  The nurses carry phones and the telemetry alarms go directly to them, so in cases where an RPN is caring for a patient and an RN is responsible for the telemetry, technology supports the workflows. |  |
| cid:image002.png@01D5FC5E.2C118A10 | Currently at STEGH RPN’s do not care for patients requiring telemetry monitoring. |  |
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