Successful Strategies to Implement Continuous Respiratory Monitoring in Low Acuity Hospitalized Patients

November 18, 2015
AAMI Foundation

• **Vision:** To drive the safe adoption and use of healthcare technology

• *National Coalition to Promote Continuous Monitoring of Patients on Opioids*

• *National Coalition for Alarm Management Safety*

• Get involved and consider making a donation to this important national effort!

• Contact Sarah Lombardi at slombardi@aami.org
Thank You to Our Premier Industry Partners

This Patient Safety Seminar is offered at no charge thanks to funding from our National Coalition to Promote Continuous Monitoring of Patients on. The AAMI Foundation and its co-convening organizations appreciate their generosity. The AAMI Foundation is managing all costs for the series. The seminar does not contain commercial content.
LinkedIn Questions

Join our group

Please post questions about alarms on the AAMI Foundation’s LinkedIn page.

OR

Slombardi@aami.org
Polling Questions
Speaker Introductions

- **Frank J. Overdyk, MSEE, MD**, Chair, National Coalition to Promote Continuous Monitoring of Patients on Opioids

- **Susan McGrath, PhD**, Director, Patient Surveillance Research & Development, Department of Anesthesiology, Dartmouth Hitchcock Medical Center

- **George T. Blike, MD, MHCDS**, Chief Quality and Value Officer, Professor Anesthesiology, Dartmouth Hitchcock Medical Center
Frank J. Overdyk, MSEE, MD
Chair
National Coalition to Promote Continuous Monitoring of Patients on Opioids

Disclosures:
Dr. Overdyk has received consulting fees and honoraria from Covidien-Medtronic for continuous respiratory monitoring work.
37% of postsurgical patients had a prolonged hypoxemic episode of an hour or more, defined as an SpO₂ less than 90%.

90% of these episodes were undocumented in the record.
96,554 suffered a cardiopulmonary or respiratory arrest

Patients who arrested tended to be older (66.7 years vs. 57.2 years), have a higher comorbidity index (3.12 vs. 1.55), and were less likely to be elective admissions (16.1% vs. 28.1%)

16,924 arrest were on the general care floor

“Low risk” patient:
- On GCF +
- < 60 yo +
- Comorbidity index < 2 +
- elective admission

4,626 LOW RISK had an arrest

MORTALITY: > 70%
Speaker Introductions

- Susan McGrath, PhD, Director, Patient Surveillance Research & Development, Department of Anesthesiology, Dartmouth Hitchcock Medical Center

- George T. Blike, MD, MHCDS, Chief Quality and Value Officer, Professor Anesthesiology, Dartmouth Hitchcock Medical Center
Polling Questions
Thank you for attending!

Slides & Recording Available Here:
http://www.aami.org/thefoundation/content.aspx?ItemNumber=1446&n avItemNumber=1445
Complimentary Resources

Safety Innovations Series
- White Papers
- Patient Safety Seminar Recordings

Alarms Management
Patient Safety Seminars
- Webinar Recordings
- Webinar Slides
- Key Points Checklists
Mark Your Calendars!

- December 4, 2015, 12 p.m. – 1 p.m. Eastern

- Topic: Ventilator Technology in Non-Clinical Settings
  - Angela King, BS, RPFT, RRT-NPS, Mobile Medical Maintenance
  - Ronda Bradley MS, RRT, FAARC, Spiritus Consulting

- To register, please click here.

CRCE credits are available through the American Association for Respiratory Care (AARC) for Respiratory Therapists that attend.
Questions?

Please visit the AAMI Foundation’s LinkedIn page to post a question:
http://www.linkedin.com/groups/Healthcare-Technology-Safety-Institute-HTSI-4284508

Or you can email your question to:
slombardi@aami.org.
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