Problem
Gaps exist in ECG monitoring as best practice does not prevail in lead selection of the patient’s ECG “fingerprint”. The change is needed to reduce unwarranted variation. Any patient requiring monitoring should have the same guideline to determine monitoring aspects.

Evidence
Available evidence guides providers to select ECG monitoring based on clinical presentation; including viewing of most appropriate leads to identify ECG changes and thwart potential negative outcomes. The variability in practice was revealed when published evidence was found but not available in a usable format.

Strategy
The parallel partners’ model was used as a field-based facility and a national workgroup hosted a collaborative to develop action plans for ECG monitoring. Phase 1 of the collaborative describes the variance in practice.

Practice Change
Facilitated by an EBP expert, audit items were formulated describing the state of practice. Nine local and seven national members led by four small-group leaders in a parallel partner model created a set of items to determine the state of practice and objectify the anecdotal practice variance. The audit was formulated in an electronic version and sent out nationally.

Evaluation
Outcomes measured included elements on: type of monitoring systems; who monitors; how skin is prepped; placement of limb leads; first and second default monitoring leads; skin marking; decisions of when to discontinue monitoring; personal qualifications for monitoring, setting alarm limits; resource use for questions; education and training; ongoing competency tracking; patient transport; documentation frequency for itemized elements of monitoring; as well as demographics.

Results
There is variability and gaps in practice across a national system.

Recommendations
The findings noted above support the need for Phase 2 and Phase 3 of the Collaborative ECG EBP project which includes a tiered level approach to validate the ECG algorithms.
Lessons Learned
The parallel partners’ model of including local and national workgroups speeds the deployment of national work initiatives. In addition, this furthers the work of the collaborative leading to successful deployment of next steps for validity testing.

Bibliography


