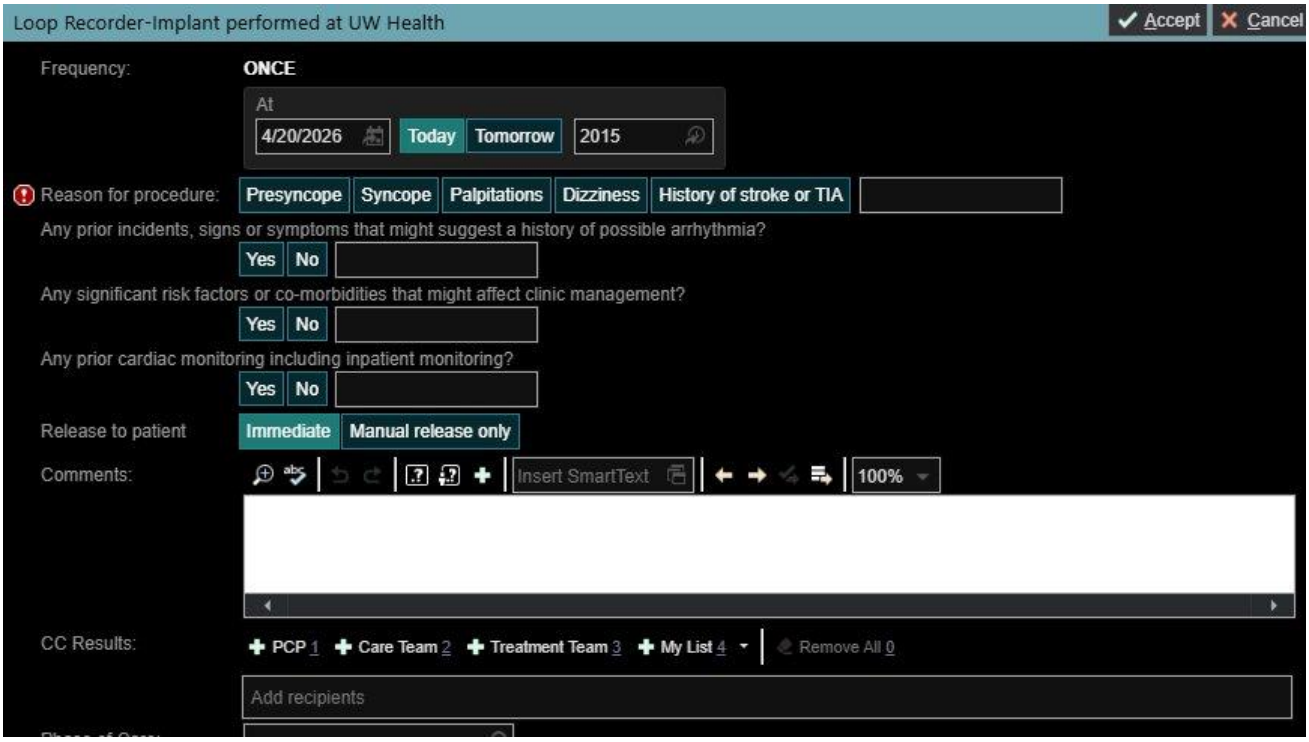
UW Implantable Loop Recorder Pathway & Workflow
Inpatient & Ambulatory

Inpatient workflow:

- Requesting team or provider (ie General Cards, Neurology) will directly call our Inpatient EP consult phone, provide a brief patient summary, ask for an implantable loop (i.e. cryptogenic stroke or syncope) and provide tentative date of discharge.
    - EP confirms tentative date of discharge and reviews that implant timing is **1-2 days** prior to the patient's expected discharge.
    - Requesting team **must** confirm that patient is agreeable to ILR and has decisional capacity.
    - If the patient has an activated HCPOA, it must be confirmed (by requesting team) that the HCPOA agrees with proceeding.
- Requesting team/provider places the order in EMR (see screenshot #1 below)
- Patient is placed on our "EP Lab schedule" which allows for appropriate scheduling and billing.
    - This **does not** mean that the ILR is implanted in the EP lab.
    - HUC prints demographics page for device rep patient registration.
- The credentialed EP PA or EP NP selects device company, reviews ECG, reviews allergies, reviews procedure with patient/family, obtains procedural consent, completes pre-procedure time out, performs ILR implant, procedure documentation, and enters post-procedure instructions in EMR.
    - Implant can be performed at bedside or in EP prep/hold recovery area.
    - If the patient is boarding in the ED, an implant may be performed in the ED.
    - Procedure documentation includes requesting provider and following EP physician.
- EP PA or EP NP completes billing sheet and notifies device clinic (via inbasket) of inpatient implant for enrollment in device clinic.
    - HUC enters charges into EMR, which is routed to hospital billing/coding department.
    - Device Rep performs device-specific education at bedside.
- Patient enrolled in Device Clinic
    - The requesting provider is notified of any pertinent or significant findings during longitudinal device surveillance.
- Links to patient information:
    - Implantable Loop Recorder Implant (ILR) - UW Health
    - Remote Monitoring for Implantable Loop Recorders (ILR)

Ambulatory workflow:

- Requesting team or provider (ie General Cards, Neuro) places designated outpatient loop recorder order in the EMR.
    - Reason for device implant (or explant) is indicated in order.
- Once order placed, it automatically routes to the scheduling team, who contact patient and schedule the procedure.
- Day prior to procedure, Device RNs complete a pre-procedure call (see screenshot #2 below) and answer commonly asked questions.
- Patient arrives in hospital-outpatient-department (HOD) for procedure and is prepped by staff.
- Credentialed EP PA or EP NP reviews procedure, obtain consent, and performs ILR procedure.
    - Procedure documentation includes requesting provider and following EP physician.
    - Once documentation complete, this routes to hospital billing/coding department.
- Patient enrolled in Device Clinic
    - The requesting provider is notified of any pertinent or significant findings during longitudinal device surveillance.
- Discharge instructions provided to patient after procedure.
    - Implantable Loop Recorder Implant (ILR) - UW Health
    - Remote Monitoring for Implantable Loop Recorders (ILR)
- Screenshot #1



- Screenshot #2

ILR Pre-Procedure Call

- Reason for implant: {ILR Reason for Implant:49510}.
  - A loop recorder watches your heart rhythm all the time. It stores information about your heart rhythm, helping your provider decide a treatment approach for you. It can send us a transmission if you have a fast, slow, or irregular heart rhythms.

- Expected duration of procedure: {ILR Duration of Procedure:49511}
  - Please note: procedural length are estimates, and actual procedure time may vary based on patient factors.
  - If explant, can patient palpate device?: {ILR Yes/No:49513}
  - If explant, can patient bring home monitor with them to procedure?: {ILR Yes/No:49513}

- Medications:
  - Holds: None required
  - Currently taking anti-platelet or anticoagulation medication: {ILR Blood thinner:49512}

- Allergies:
  - Allergies verified in EPIC: @allergy@
  - Latex: {ILR Yes/No:49513}

- Post-procedure expectations:
  - Bruising
  - Expect itching (normal part of healing)
  - Mild redness/pink that will heal with time
  - Mild tenderness until scar tissue/capsule forms around device
  - Bleeding
  - Incision closed with liquid skin adhesive (dermabond). Will usually flake off in 5-10 days.
  - Can shower in 24 hours.
  - If infectious concerns arise - will be evaluated in clinic

- Follow-up:
  - No post-implant in-person clinic appointment needed, unless a concern/issue arises
  - Remote transmission in 30 days

- Device monitoring
  - Performed remotely using home transmitter
  - Routine remote transmission are scheduled every 30-90 days, depending on indications for implant and your current health status, If your transmitter does not send transmission on scheduled date, the Device Clinic will call you or send you a message reminding you to plug in transmitter or to send a transmission manually. If a manual transmission is required, Device Clinic staff or vendor can walk you through how to send
  - Transmitters send information stored on your cardiac device
  - Your transmitter connects with your ILR device every night while you are asleep. If something is not normal with your device or heart rhythm, it can send us a report. IF everything is OK, it will not send a report
  - The transmitter will create a summary report every 1-3 months and send it to us at the clinic, so that your doctor can assess your heart rhythm.
  - The Device Clinic staff reviews remote transmissions Mon-Fri during regular business hours. The clinic will contact you if something is not normal on your report.
  - The results of your normal reports will be available in UW MyChart within 2 weeks.
  - If you experience symptoms such as irregular heart rhythm, palpitations, fast/slow heart rate, fainting, please use your transmitter to send clinic a remote transmission. Please contact the clinic to let them know to expect a transmission.
  - **If you experience symptoms on a frequent basis (example: daily, every other day, etc...) please do not send a transmission for each symptom event, as this will overwhelm the system. Instead, keep a log of dates/times and send a myChart message with dates/times/symptoms at the time of your routine transmission so we can compare what the device self-stored to your symptom log.**
  - Transmitters **DO NOT** take the place of 911. If you feel unwell, please call 911 or seek emergency care.

- Device transmitter:
  - Smart phone: {ILR Smart Phone/Monitor:49515}
  - Setup your transmitter within 8-10 feet of where you sleep
  - Keep it plugged in and connected. Check it periodically to make sure the power is on
  - If you have the app: keep the app open and bluetooth turned on

- Potential associated/longitudinal costs
  - Remote reports are the same as in-office reports and require the same type of review. Therefore, your insurance will be billed for the remote monitoring service. This cost can vary depending on insurance carrier.