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Response to Letter to the Editor CCMED-D-18-01349

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Authors' Reply to Letter to the Editor

We thank Dr. Olanipekun et al for their reply (1) to our recent article (2) published in *Critical Care Medicine*. We agree that the study raises interesting questions about the impact of telemetry monitoring for patients who are the subject of a Rapid Response Team (RRT) call. However, many of the authors' comments appear to stem from their assertion that location on telemetry floor was associated with increased survival after RRT call. In our dataset, patients located on a telemetry ward were actually found to be at an increased risk of death when compared to those located on general inpatient wards.

It is true that patients who died after RRT call were more likely to have been admitted to general inpatient wards rather than telemetry wards (57 vs 43%), however amongst those who did not die after RRT call, the proportion on general medicine wards was even higher—60%. Overall telemetry was associated with worse outcomes. We hypothesize that this may be related to higher severity of illness in patients who have indications for monitoring with telemetry, an observation that the authors make as well. Thus, our study does not necessarily provide foundation for the authors' suggestion that increased use of telemetry could potentially lead to decreased mortality after RRT call. We agree that it would be interesting to investigate the relationship between telemetry and mortality for patients who are subjects of an RRT call after controlling for illness severity, however unfortunately this is not possible using our dataset.

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Dr. Edelson received funding from Philips Healthcare, EarlySense, and Quant HC. Drs. Edelson and Churpek have disclosed that they have a patent pending for risk stratification algorithms (ARCD.P0535US.P2). Dr. Churpek received funding from National Heart, Lung, and Blood Institute (K08 HL121080), and he received support for article research from the National Institutes of Health.

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Financial Disclosures

She has ownership interest in Quant HC (Chicago, IL), which is developing products for risk stratification of hospitalized patients.

Copyright form disclosure: Dr. Shappell has disclosed that she does not have any potential conflicts of interest.

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