

## In This Issue...

Smartphones...  
Rapidly Changing the  
Way Medicine is  
Practiced - Am I at  
Greater Risk?

Information Overload:  
Managing Smartphone  
Interruptions

Discoverability of My  
Text Message -  
Plaintiffs' Attorney  
"Dream Come True"

Risk Management  
Recommendations to  
Reduce Malpractice  
Exposures

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### Handheld Devices - Fatal Distractions!

**Recent headlines have both patients and providers concerned:**

*"As Doctors Use More Devices, Potential for Distraction Grows"*

- *The New York Times*

*"Doctors Have to Manage Smartphone Distractions" and  
Smartphones Blamed for Increasing Risk of Health Data Breaches"*

- *amednews.com*

*"Order Interrupted by Text: Multitasking Mishap"*

- *AHRQ webM&M*

Smartphones and other handheld mobile devices are becoming increasingly common in healthcare settings. We know that improved communication contributes to improved patient safety and patient outcomes, so why all this recent media exposure? This is not so much an issue of using these devices as communication tools as it is managing interruptions and distractions and effectively setting priorities.

Interruptions and multi-tasking are inherent in the clinical setting. The literature suggests that interruptions during some clinical tasks can result in risks to patient safety. For example, at least 10% of medication dispensing errors are associated with interruptions to the task at hand. Potentially life threatening prescribing errors can easily occur if a provider is interrupted while entering complex medications into an e-prescribing system.

Additional examples of how patient safety can easily be compromised by interruptions and multi-tasking are provided below, along with recommendations to consider in an effort to reduce these risks.

Patient Safety Risks	Risk Reduction Strategies
<p><b>1. Prioritization of Electronic Messages:</b> Email, texting, instant messaging have the potential to cause confusion about the <i>perception of urgency</i> of patient information. For example, a physician may interpret an email or text from a nurse as information only and therefore not respond, while the nurse may be expecting a response.</p>	<p>Develop a policy that defines the preferred method of communication for your organization and what should be indicated in messages to solicit a <b>prompt response</b>.</p>
<p><b>2. Managing Interruptions:</b> The number of calls and messages that providers receive for non-urgent matters continues to increase. Providers must stop what they're doing, respond to the interruption, and then re-orient or restart their task. Once the attention shifts from the task at hand, memory of the task begins to decay.</p>	<p>Interruptions should not be responded to until the task at hand is complete. Resist the urge to immediately respond to non-critical requests. Turn off smartphones and check for messages after the task is complete.</p>
<p><b>3. Personal Messaging:</b> Personal electronic messaging including text messages and social networking, as well as internet browsing has infiltrated the modern workplace. This information is discoverable. Imagine this scenario "a plaintiff's attorney could create with evidence that the anesthesiologist was on e-Bay at the exact time an adverse event occurred."</p>	<p>Restrict the use of smartphones for personal messaging and tasks. Personal telephone calls are typically only allowed during "breaktime," why should smart phones be different?</p>
<p><b>4. Compromising Privacy:</b> Bringing personal smartphones to work can create the risk of mixing insecure personal applications with critical patient-centered applications. If these devices are misplaced, patients' Protected Health Information (PHI) may be jeopardized.</p>	<p>Limit the use of personal smartphones for patient-related matters. If a personal smartphone is required, have each one inspected by IT to ensure that it has been encrypted and is secure and that data stored on the device can be remotely erased if the device is lost or stolen.</p>



**Remember - if an adverse event occurs, plaintiff attorneys can request disclosure of information electronically stored on your smartphone!**

