

This quarter's focus is: **When Staff Communicate via Text About Patient Care Issues**

In many institutions, there are policies regarding text messaging among providers. These institutions maintain a secure messaging app that enables texting back and forth to ensure compliance with HIPAA.ⁱ However access to these secure messaging apps are often limited to providers and are not routinely available to nursing or ancillary staff.

CMS recognizes that the use of texting as a means of communication with other members of the healthcare team has become an essential and valuable means of communication among the team members. CMS has set out clear guidelines that all providers/hospitals must comply with regarding the utilization and maintenance of systems and platforms so that information exchanged is secure, encrypted and minimizes the risk to patient privacy and confidentiality in accordance with HIPAA. In addition, all providers/organizations must have policies and procedures that address texting as a form of communication that not only provide guidelines on use, but also address ways to routinely assess compliance with these guidelines.

CMS and The Joint Commission in partnership have made it clear that text messaging patient orders under any circumstance, even with a secure platform, is prohibited as there is no way to verify who is actually sending the text message.ⁱⁱ

But an issue that is emerging is the use of text messaging from nursing and ancillary staff to providers with regard to patient care updates and decisions. Most organization don't provide access to an encrypted app to nursing and ancillary staff. One

of the major reasons, apart from the pure volume of staff, is the feasibility of the organization to be able to monitor compliance with the texting activity when staff members are using non-organizational mobile devices.

Risk Issues associated with the use of text messaging outside the provider to provider structure are slowly emerging:ⁱⁱⁱ

1. Texting, when used for quick communication, may lead to critical information being communicated outside of the EHR. When a nurse communicates a change in patient condition via personal text message to the provider, but then fails to include this communication in the EHR, the medical record is no longer accurate and complete and this could impact patient care by not noticing subsequent providers.

MD to RN:

MD: "Room 2021 needs a port for dialysis in am – I will put in a consult for Dr. Jones but he is coming right up - can you set things up for him?"

RN: Will do!

This text message lead to the wrong patient receiving a port due to an error from the physician that provided the wrong room.



2. Distractions and interruptions created by the texting during the provision of care whether it is basic concentration or during critical activities like medication administration can lead to medical errors.
3. HIPAA violations due to failure to protect Protected Health Information (PHI) may not only lead to a violation of hospital policy, but also could expose a staff member to personal sanctions and a professional license review.
4. Failure to document critical communications could lead to malpractice liability. Although text messages could potentially be discoverable, failure to document critical findings or a change in a patient's condition in the EHR would be considered below the standard of care.

RN to MD:

RN: "Hey – 3803 seems a bit confused and not himself"

MD: "ok-hold discharge and consult Dr. Smith"

This text was never found in the EHR and documentation about a change in the patient's condition was a key focus of the medical malpractice lawsuit.

LOSS PREVENTION

1. Management should assess nursing and ancillary staff to see how often text messaging as a means to communicate patient care information to providers via non-organizational mobile devices is occurring.
2. Evaluate current policies to include guidelines for text messaging via non-organizational mobile devices.
3. Re-educate staff on what is considered Protected Health Information (PHI)
4. Evaluate communications at the end of shift, and ensure important communications are captured in the medical record.

REFERENCES

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- ii. https://www.jointcommission.org/clarification_use_of_secure_text_messaging, See Also, https://www.jointcommission.org/clarification_use_of_secure_text_messaging/ and <https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/leadership-Id/000002187/>
- iii. When staff members won't stop texting (Doucette, Jeffrey, Nursing Management February 2018, Vol 49, issue 2, pg 56.)

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