Please Don't Be Polite

One of the most challenging aspects health systems face when implementing a clinical communication and collaboration platform is **texting etiquette**. Because texting removes the non-verbal signals that allow us to understand the tone and context of a message, we often add emojis to convey feelings, and to be fun or polite. But given the number of distractions physicians, nurses and clinical staff face, sometimes even a "thank you" can be a major interruption.

Having completed many enterprise-wide implementations, Halo Communications has developed a list of texting etiquette guidelines to make sure care teams do not suffer interruption fatigue and waste time on non-urgent messages.

KEEP MESSAGES CONCISE AND SPECIFIC, AND INCLUDE PATIENT IDENTIFIERS.
Health systems should determine the patient identifiers they want care teams to include in each text message. These could include the patient name, room number, date of birth and/or MRN. The message should relay the pertinent patient information without a lot of extraneous detail. For example, "Patient R. Jones in room 522 has increased work of breathing, increased respiratory rate, please advise," is much more efficient than a long text outlining every detail.

KEEP PHI SAFE BY USING A HIPAA-COMPLIANT APP WITH MEDIA FEATURES.
To keep PHI safe and in compliance with current regulations, take photos, videos and create voice memos with patient information within the app itself, not with the smartphone's native camera. Best practice is to not allow access to the camera roll that exists on the device itself. This is particularly important if physicians, nurses and clinicians are using their own devices. Turning off the ability to grab pictures from the device's gallery removes the chance of having PHI reside on the device should something happen to it.

> Adding personality to texts is fine when texting friends and family, but professional texting demands a different level of etiquette. This is particularly critical with medical texting, when situations call for precise and swift action.

READ THE TEXT MESSAGE THOROUGHLY BEFORE SENDING. This may seem like an obvious guideline for any professional texting situation, but requires even more care with medical texting. Autocorrect can wreak havoc with medical terms and texts with misspellings that will require clarification – which means more interruptions. Additionally, JCAHO does not allow for orders to be received via text message. One of our customers stated that when clinicians received this kind of direction via text, the clinical staff has been instructed to respond with, "We will look for that order in the EMR." This politely lets the provider know that orders need to be placed in the EMR before they can be followed.

DO NOT USE EMOTICONS. These are generally not needed in professional communication no matter what industry, but especially in medical environments. Clinical texting is for immediate, urgent or critical communication and there is no room for smiley faces. This can be a hard habit to overcome due to the common use of emoticons in social texting.

CORRECT USAGE OF OFF-DUTY OVERRIDES IS IMPERATIVE. The clinical staff should only initiate the off-duty override on messages to providers when there is a professionally-deemed, clinically-emergent or critical issue impacting patient care and condition. If providers put themselves as off-duty, that means someone else is available to provide care for that patient at that time. Contacting care-givers when they are off-duty leads to alert fatigue.

The exception to this is when a provider requests an update on results, specific patients or issues. However, if the health system has selected to turn people off- and on-duty, best practice is to not override that process. Colleagues need to respect a person's ability to say "I'm out." If unsure, follow the clinical chain of command.

USE THE "URGENT" FUNCTIONALITY ONLY IN TRUE CLINICAL EMERGENCIES. Don't become the clinician who cries wolf – the more often the Urgent functionality is used when it is not an urgent situation, the less likely it will be believed in the future.

When is something urgent? It doesn't always have to be a life-or-death situation. It could be a patient wanting to leave against medical advice, or a texted message that does not get answered within a certain amount of time and needs to be escalated through the clinical chain of command.
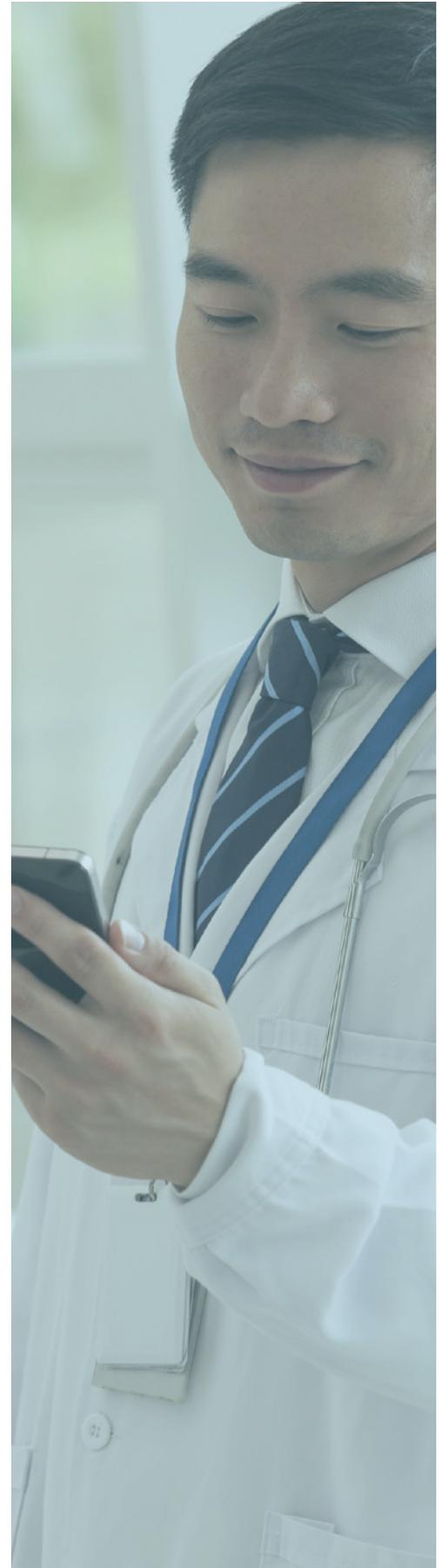
DON'T BE POLITE. OKAY, WE STILL WANT YOU TO HAVE MANNERS! It is not necessary to add a "thanks," "you're welcome," or "ok," to a text thread – all it does is interrupt the receiver one more time for what is a medically unnecessary text message. Once you know a text is read, you can move on and so can the receiver of the message. We recommend including things like "thanks" in the original text when sent, not as a separate text.

Every text is an interruption, even the important ones. The goal of clinical communication and collaboration is good and efficient patient care, but understanding that every text is a potential interruption is key to proper medical texting etiquette. If a nurse is in the middle of giving medication, trying to ambulate a patient, or a provider is in the middle of a life-or-death situation with a patient...it is an interruption, so make it count!

The Halo Communications Team works with customers to make sure physicians, nurses and clinical staff find texting to be beneficial when caring for patients and communicating with care teams. We do not want users
to get overloaded with non-clinical messages because it diminishes the value of a clinical communication platform as a driver to reduce interruption fatigue. Remember, if you wouldn't page someone for it, don't text it.

> Set expectations for appropriate texting with users from the start. Include physicians, nurses and clinical staff, as well as compliance officers in developing these guidelines. Their involvement in creating rules will increase buy-in throughout the health system.

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