Guidelines of eConduct at the Beth Israel Deaconess Medical Center, Department of Anesthesia, Critical Care, and Pain Medicine

Guidelines serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, guidelines can and should be tailored to fit individual needs.

Purpose:
1. To promote safe patient care through minimizing the distractions of eDevices (e.g. iPhone, Blackberry, iPad, Laptops, and intraoperative Anesthesia Workstations) in the workplace while allowing for optimal use of electronic support in the care and treatment of patients and families.
2. To promote professionalism and the positive perception of BIDMC anesthesiologists among patients, families, and colleagues.
3. To ensure confidentiality of protected health information.
4. To clarify the expectations for all staff so that they can monitor themselves and their colleagues regarding eDevice conduct.

Practice Advisories for use of eDevices:
1. Electronic devices (except hospital-distributed pagers) should be kept on “silent” or “vibrate/chirp” to minimize interruption of patient care and distraction caused by audible alerts and alarms.
2. Electronic device use, as well as any other distractions from clinical care, should only occur when the patient is stable, during maintenance of anesthesia (not induction, emergence, or other critical parts of case).
3. Electronic games, posting to social media, videos, online shopping, magazines, and non-medical related books are considered entertainment and do not have a place in the operating room during active clinical care.
4. Non-hospital related phone conversations should be postponed to until non-clinical time.
5. Hospital-related internet usage (research on patient conditions, reading about add-ons or next case) and placing of orders, while not inappropriate, can still be distracting in a rapidly changing intraoperative environment. Therefore, such distractions should also be kept to the minimum possible for patient care or operating room efficiency.
6. Clinical reading (journal articles, practice questions, textbook reading), work-related email, texting, and administrative duties can likewise be distracting and should be limited to short periods at a time.
7. Expectations regarding distractions and appropriate personal electronic device use are the same for faculty, CRNAs, and residents. However, CA1 residents early in training are very new to the attention and vigilance required during anesthetic care and so are expected to have no eDevice use in order to minimize distractions.
8. Anesthesia providers should feel empowered to reduce distractions caused by other members of the operating room team (turn off loud music of...
surgeons, halt distracting conversations during critical periods of anesthesia).

9. The use of eDevices to take and transmit photographs should be governed by hospital policy on photography of patients and by government regulations pertaining to patient privacy and confidentiality.

10. Anesthesia providers should consult senior faculty or mentors regarding appropriate coping strategies against intraoperative fatigue, inattention, and distraction.

11. eDevices used for work-related activities and communication should be separate from those used for personal activities and communications, or have appropriate encryption and protection as outlined by the BIDMC IT department.

Resources: