

dear residents

Messaging Wisely

February 25, 2024

Dear Residents,

I have joined a working group at CUH which includes the informatics team and nursing service to help streamline the use of Epic Chat and other messaging modalities in Epic. As you well know, how Epic Chat is being currently used has turned Epic Chat from a useful communication tool to an unending stream of messages of variable value, drowning out its utility and contributing to distraction. We are collecting data on usage patterns to facilitate the design of effective solutions.

There are many ways that a patient care team can communicate with each other as summarized below:

Clinical communication method	Timing	Closed-loop?	HIPAA-compliant for PHI	Requires separate app installed on phone? (No is better)
In-person conversation	Synchronous	Yes	Yes (if not in public place)	No
Phone call	Synchronous	Yes	Yes	No
Email	Asynchronous	Generally No ; only if sent with "Read receipt required"	Yes if internal to UTSW and/or use "securemail" in title, otherwise no	No
Paging	Asynchronous	No	No	Yes (or separate device)
Text messaging	Asynchronous	Generally no, unless both parties on iMessage and have feature enabled	No	No
Secure text messaging: 3rd-party app	Asynchronous	Yes	Yes	Yes
Secure text messaging: Epic Secure Chat	Asynchronous	Yes	Yes	No (can use desktop Epic); If using Haiku, app has multiple clinical functions beyond text messaging

Table courtesy of Dr. Duwayne Willett.

Because real-time synchronous communication is closed-loop by definition, it is ideal for time-sensitive and/or complex situations. Asynchronous communication places the responsibility on the sender to ensure that the intended recipient actually received the message. Trouble arises when time-sensitive information is sent

asynchronously (often wrapped in the expectation that the receiver is continuously attendant) or when a non-urgent message still carries the expectation of an instantaneous response. At other times, the routine is “converted” to urgent : “I am about to give the IV potassium you ordered, are you sure?” You are left wondering why a straightforward order is being doubted.

One approach to convey intent and create clarity is to utilize a template based on the **SBAR** (Situation, Background, Assessment, Recommendation) tool. Using the above example, an SBAR version might look like this:

Situation: IV potassium has been ordered

Background: the patient has modest hypokalemia (3.5) secondary to vomiting

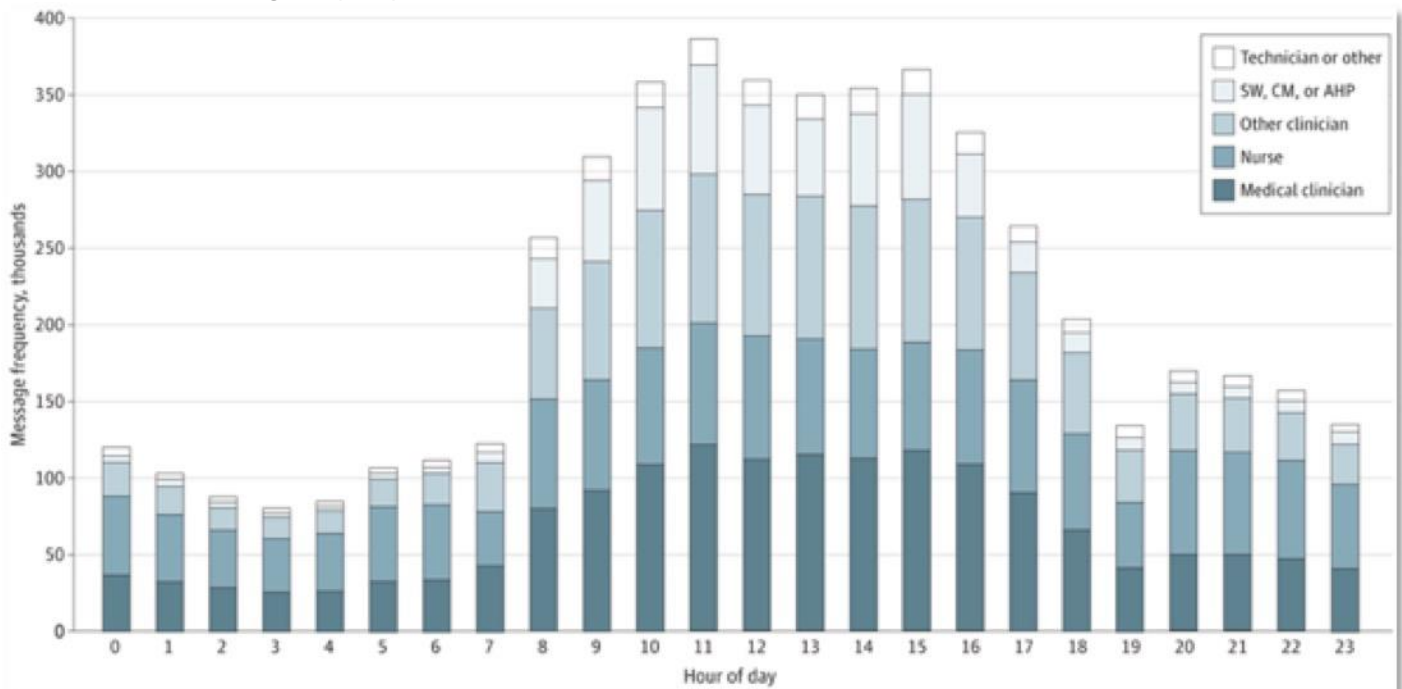
Assessment: the patient had burning in the veins with the last administration of IV potassium. The vomiting has stopped, and the patient is tolerating po.

Recommendation: can you DC the IV potassium and give oral potassium instead?

A [recent study](#) at NYU documented the following astounding statistics:

- Over 12 months, 15.1 million messages were sent to 2.3 users each over 108 000 inpatient encounters (33.7 daily messages/encounter)
- Of these, 5.1 million messages were sent for internal medicine inpatients to 2.5 users each during 22 900 encounters (35.9 daily messages/hospitalization)
- Most messages (75.9%) yielded responses within 5 minutes.
- Nurses sent the largest proportion of messages (27.7%), followed by medicine house staff (13.5%) and social workers, care managers, and allied health professionals (12.6%)

Messages were generally sent during the daytime and as you can see below, both the morning report hour and noon conference are greatly impacted:

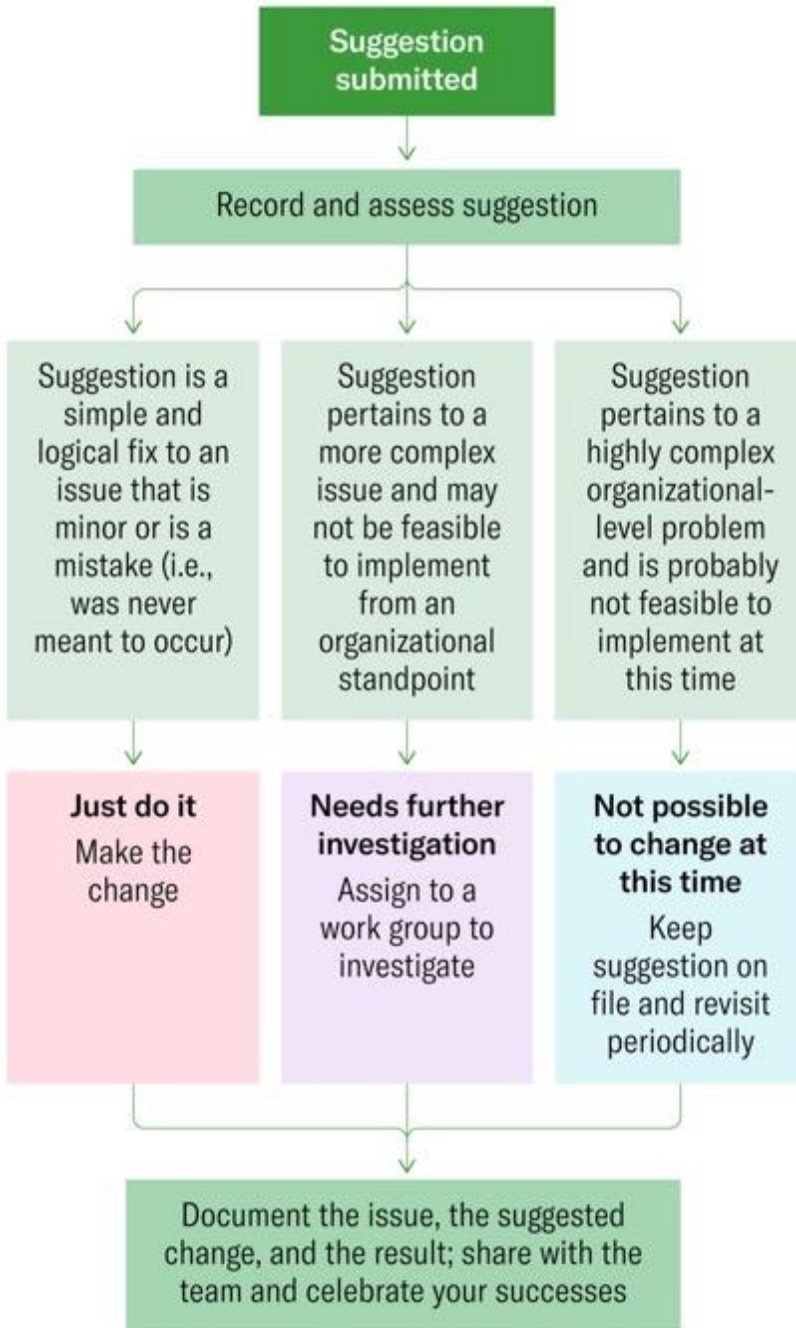


Like all new implementations, the surge in secure messaging has resulted in unintended consequences ranging from patient safety issues to distraction and cognitive overload. I am pleased that a concerted effort is being made at CUH to address Epic Chat.

I am grateful that you have alerted me to the burdens of Epic Chat. Optimizing this and other workflow and processes should be an organizational priority. To not do anything about things that are unnecessarily resource intensive would be a wasted opportunity. There are [toolkits](#) available and some organizations have embraced initiatives like [GROSS](#) (get rid of stupid stuff).

Getting Rid of “Stupid Stuff” (GROSS) Decision Tree

To process suggestions that were submitted by the Hawaii Pacific Health staff for the 2017 GROSS initiative, a triage mechanism was developed to determine appropriate next steps.



It will take some time to fully address and streamline secure messaging within the EHR. This is a complex issue with many stakeholders. A partnership and mutual understanding with nursing service will be critical. Our aim is to develop a unified messaging policy and optimize messaging etiquette. There are additional enhancements on the way which may also help - message prioritization, message batching, and customized alerts are examples. Pagers may potentially go away. The challenge will be to create simplicity rather than drown in complexity.

Wishing you a wonderful week,

Dino Kazi