Background: The use of personal electronic devices (PED) has become normalized in the last two decades. The healthcare industry has integrated technology into the foundation of their communication and diagnostic capabilities. The Institute of Medicine (2010) mandate for this integration was designed to make patient care safer and more efficient than a paper system. But along with new innovative technology came a variety of unforeseen challenges. The policies related to personal electronic devices and their capabilities need to be clarified in healthcare to comply with regulatory, privacy and safety concerns. Many people view these devices as an extension of themselves. The operating room is a fast paced, highly technical and stressful environment. The addition of devices not directly related to patient care may add another type of distraction as well as increased opportunities for interruptions from the performance of critical tasks. According to a recent survey 55.6% of perfusionists admitted to using their cellphones during their cases and 49.2% of those were sending texts while their patients were on cardiopulmonary bypass with 7.3% admitting that their clinical practices were negatively impacted. Another study included a survey of 2427 medical residents self-admitted to violating privacy regulations, sharing patient’s personal health information including photos via text on their PEDs. Of this group only 5% utilized their facilities encrypted applications available to all respondents with ‘inconvenience’ admitted as the most frequent excuse for non-compliance. Many employees are unaware that cell phones are discoverable in patient litigation related to timelines of adverse events.

Purpose: The objective of this educational project is to two-fold. The first goal is to educate the operating room staff of the safety, legal and ethical considerations of personal electronic device (PED) use in the OR. The second is to influence policy makers of the institution to consider a Situation, Weaknesses, Opportunities and Threat (SWOT) analysis to assess the need for policy specific guidelines to address PED use in the OR.

Methods: The program will provide background and evidence to inform policy and procedures to address the management of these devices in the OR. A pre-and post-test design will be used to determine learning and attitude and beliefs about PED use in the OR. The program will present two case studies relevant to this topic to the target audience for analysis. An evaluation tool will be given to assess the educational presentation’s content and intent to change practice.

Results: The outcome was a 25% increased level of understanding of the safety, legal and ethical issues surrounding PED use in the OR.

Conclusion: The examination of PED on situational awareness is critical to optimal performance in the OR requires further research and clear facility guidelines pertaining to these devices. While this is a relatively new phenomenon, the implications to patient safety
must be considered to prevent adverse patient events and to increase awareness of the surgical team and the institution of this relatively new phenomenon

Title:
Under the Influence...The Use of Personal Electronic Devices (PEDs’) in the Operating Room

Keywords:
Ethics, Legal and Safety

Abstract Summary:
The attendee can expect a compelling power point presentation that informs the audience about the impact of the usage of personal electronic devices in the operating room on patient safety, ethical considerations as well as legal implications. The appreciation of the risks is emphasized with 2 brief case studies.

References:
• Bartholomew, K. (2018). Not so smart: Cell phone use hurts our patients and profession: The clinical setting is no place for divided attention. AJN American Journal of Nursing, 118(6), 11. doi:10.1097/01.NAJ.0000534826.34492.e9

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