

CLARIFICATION: Use of Secure Text Messaging for Patient Care Orders Is Not Acceptable

In 2011 The Joint Commission published a Frequently Asked Question (FAQ) document stating that it is not acceptable for physicians or licensed independent practitioners (LIPs) to text orders for patient care, treatment, or services to hospitals or other health care settings. At the time, the technology available could not provide the safety and security necessary to adequately support the use of text messaging for orders.

In the May 2016 issue of *Perspectives*, The Joint Commission acknowledged that technology has advanced and secure text messaging platforms now offer the functionality to address all of the data privacy and security concerns outlined in the 2011 FAQ. As such, The Joint Commission revised its previous position to allow LIPs or other practitioners, in accordance with professional standards of practice, law and regulation, and policies and procedures, to use a secure text messaging platform to send orders as long as the system met specific requirements and all the typical required components of an order are included.

Following publication of the May *Perspectives* article, The Joint Commission determined that although its prior data privacy and security concerns had been addressed, concerns remained about transmitting text orders even when a secure text messaging system is used. In collaboration with the Centers for Medicare & Medicaid Services (CMS), The Joint Commission developed the following recommendations:

- **All health care organizations should have policies prohibiting the use of unsecured text messaging—that is, short message service (SMS) text messaging from a personal mobile device—for communicating protected health information.** Joint Commission Information Management (IM) Standard IM.02.01.01, Element of Performance (EP) 1 requires organizations to have a written policy addressing the privacy of health information, and this requirement applies to the privacy of health information transmitted through text messaging. Organizations are expected to incorporate limitations on the use of unsecured text messaging in their policies protecting the privacy of health information. This policy should be routinely discussed during orientation of all practitioners and staff working in the facility.
- **The Joint Commission and CMS agree that computerized provider order entry (CPOE) should be the preferred method for submitting orders as it allows providers to directly enter orders into the electronic health record (EHR).** CPOE helps ensure accuracy and allows the provider to view and respond to clinical decision support (CDS) recommendations and alerts. CPOE is increasingly available through secure, encrypted applications for smartphones and tablets, which will make following this

recommendation less burdensome.

- **In the event that a CPOE or written order cannot be submitted, a verbal order is acceptable.** However, verbal orders should be used infrequently, and the use of verbal orders should be closely monitored to ensure that these are used only when it is impossible or impractical to use CPOE or written orders without delaying treatment. Verbal orders are not to be used for the convenience of the ordering practitioner. The requirements around the use of verbal orders are included in both the Joint Commission standards and the Medicare Conditions of Participation (CoPs).
- **The use of secure text orders is not permitted at this time.** The implementation of secure text orders was discussed with numerous text messaging platform vendors, experts in EHRs, and other key stakeholders. After extensive discussion weighing the pros and cons of using secure text messaging systems to place orders, The Joint Commission and CMS have concluded that the impact of secure text orders on patient safety remains unclear. A variety of issues were identified that influenced this decision, including the following:
 - *The implementation of an additional mechanism to transmit orders may lead to an increased burden on nurses to manually transcribe text orders into the EHR.* This could adversely affect nurses' ability to do their other critical patient care duties.
 - *The transmission of a verbal order allows for a real-time, synchronous clarification and confirmation of the order as it is given by the ordering practitioner.* As the process for texting an order is an asynchronous interaction, an additional step(s) is required to contact the ordering practitioner for any necessary discussion prior to order entry.
 - *In the event that a CDS recommendation or alert is triggered during the order entry process, the individual manually entering the order into the EHR may need to contact the ordering practitioner for additional information.* If this occurs during transmission of a verbal order, the conversation is immediate. If this occurs with a text order, the additional step(s) required to contact the ordering practitioner may result in a delay in treatment.

The Joint Commission and CMS will continue to monitor advancements in the field and engage with key stakeholders to determine whether future guidance on the use of secure text messaging systems to place orders is necessary. In the meantime, questions may be directed to textingorders@jointcommission.org. 