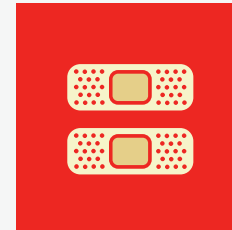
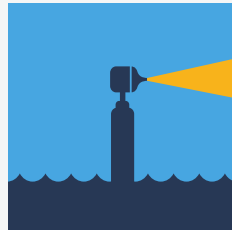


The Risks of Distracted Practice: The Link Between Distraction and Burnout



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In addition to investigating, analyzing and coding hundreds of complex adverse events, she also assisted in the development and implementation of a large physician peer review program, electronic adverse event reporting systems and patient safety transformation initiatives. In addition to working for The Doctors Company as a Patient Safety Risk Manager, Shelley continues to work as an independent risk management and risk management consultant.



Disclosure Statement

The Doctors Company would like to disclose that no one in a position to control or influence the content of this activity has reported relevant financial relationships with commercial interests.

The information and guidelines contained in this activity are generalized and may not apply to all practice situations. The faculty recommends that legal advice be obtained from a qualified attorney for specific application to your practice. The information is intended for educational purposes and should be used as a reference guide only.

Objectives

After completing this activity, learners will be able to:

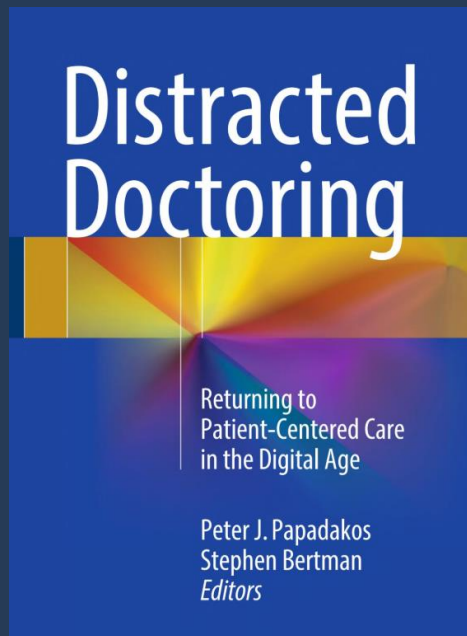
- ▶ Assess my practice / organization for opportunities to limit distractions and interruptions in my practice.
- ▶ Educate my colleagues and other healthcare providers about challenges of defending medical malpractice claims involving allegations of distracted practice.
- ▶ Detect stressors that lead to burnout by performing a self-assessment to determine my level of personal and professional stress.
- ▶ Implement evidence-based resiliency strategies to help mitigate stressors related to burnout.



Distracted Driving – “Distracted Doctoring”




Distracted Doctoring: “...a deceptively mild term used to describe physician negligence involving electronic devices and the habitual use for non-medical purposes during appointments and procedures.”



Peter J. Papadakos, MD

Distracted Doctoring = Distracted Practice



It is just a matter of time before 'distracted doctoring' is recognized as one of the biggest threats to patient safety and physician well-being.

Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age. Ch 5 (49). Papadakos and Bertman, Editors. Springer 2017

Distraction Recognized as a Patient Safety Concern

Distraction Recognition Timeline

2012	PA Patient Safety Authority (PA-PSRS) analysts note concern
2013	Emergency Care Research Institute (ECRI) – include in their Top 10 Technology Hazard
2013	Association of periOperative Registered Nurses (AORN) members cites preventing distraction as key safety strategy.
2015	American Society of Anesthesiologists (ASA) releases statement on distraction.
2016	American College of Surgeons (ASC) releases statement on distraction.

The Distraction Continuum

Related to Clinical Care	Gray Areas	Not Related to Clinical Care
<ul style="list-style-type: none">• Equipment alarms• Team communication relevant to the procedure	<ul style="list-style-type: none">• Communication from staff outside of the hospital, department or practice• Responding to clinical texts / calls about another patient	<ul style="list-style-type: none">• Personal business such as personal phone calls, texting, checking social media sites or your financial portfolio

External Interruptions versus Self-Interruptions

External Interruptions

- ▶ Initiated externally
- ▶ Examples: phone ringing, team member questions, patient questions
- ▶ Mostly occur during high workflow moments
- ▶ Less disruptive
- ▶ Costs less time

Self-Interruptions

- ▶ Initiated internally
- ▶ Examples: checking social media; texting; getting up to go for a walk; daydreaming
- ▶ Mostly occur during low workflow moments
- ▶ More disruptive
- ▶ Costs more time

Computers in Human Behavior, Volume 63, October 2016, pages 906-915
<http://www.sciencedirect.com/science/article/pii/S0747563216304654>

Study Example – PED Use During Cardiovascular Bypass

- ▶ During pre-bypass, bypass and post-bypass phases.
- ▶ 25 cases over four months, observed 558 PED-related events

PED – related event	Time
Perfusionist “selfie” with CRNA	19 s
Perfusionist showing vacation photos to training circulating nurse	1 min 45 s
CRNA watching YouTube videos on cell phone	2 min 30 s
Circulating nurse looking at cell phone for house availability	3 min 24 s
Surgeon texting on cell while debriefing circulating nurse	16 s
Surgeon opening chest. Cell in pocket rings, asks circulating nurse to retrieve and hold up to ear so he could answer.	1 min 40 s

2018 <https://www.sciencedirect.com/science/article/abs/pii/S2405603017300365>

Case Example – Ablation Procedure for A Fib

- ▶ Patient was unstable during the procedure; ultimately expired
- ▶ Family sued anesthesiologist, cardiologist and the hospital
- ▶ Anesthesiologist defense expert was supportive of care
- ▶ During discovery, several nurses testified anesthesiologist was texting and reading articles during the case
- ▶ Cell phone records revealed he had accessed the Internet 8 minutes prior to code; on Yahoo; checking personal e-mail
- ▶ Case went to mediation; was settled within the policy limits

http://www.apsf.org/newsletters/html/2017/Feb/06_DistractionsOR.htm

Case Example – Distracted Neurosurgeon

- ▶ The neurosurgeon conducted multiple phone calls using a wireless headset during the operation
- ▶ The calls ranged from personal matters to business calls that were unrelated to the patient
- ▶ Patient was allegedly left paralyzed after a surgery as a result of the distracted surgeon.
- ▶ The case settled before trial so only limited details on the case are available

<http://www.atdlaw.com/2012/01/18/doctoring-while-distracted/>

Case Example – Oral Spanish Test During Procedure

- ▶ During a varicose vein procedure under local anesthetic the surgeon took an oral Spanish test
- ▶ Patient (who understood Spanish) heard the surgeon say he suffered from diabetes and blurred vision
- ▶ The patient stated she was terrified; sued the surgeon
- ▶ Surgeon later said it was the only time he could take the oral exam



The screenshot shows the ABC News website interface. At the top, there is a hamburger menu icon, the 'abc NEWS' logo, and a 'LOG IN' button with a bell icon. The main headline reads 'Woman claims surgeon talked on cellphone during operation' in bold black text. Below the headline, it says 'By THE ASSOCIATED PRESS' and 'WHITE PLAINS, N.Y. — Dec 7, 2017, 7:46 AM ET'. There are four social media sharing icons: Facebook, Twitter, WhatsApp, and Email. The article text begins with 'A suburban New York City woman has sued a doctor, claiming he used his cellphone to take a language test while operating on her.'

It's Not Just Physicians...

- ▶ Nurse's aide played video games instead of checking on the patient; the patient died
- ▶ Documentation indicated checks done per policy
- ▶ Nurse's aide insisted she had done checks
- ▶ Hospital cameras showed otherwise

The Litigation Problem - The Standard of Care (SOC)

- ▶ Distraction caused by clinical care-related activities may be within the SOC
- ▶ Distraction caused by non-clinical care-related activities is never within the SOC

The mere suggestion of provider distraction can negatively impact a case and the ability to defend it

Preferred Physicians Medical's Risk Management Newsletter, Anesthesia and the Law
(August 2014, Issue 39)

e-Discovery

- ▶ Devices leave an easily discoverable record of your 'electronic footprint' that can be timed and dated to a critical event

**Metadata serves as an
'expert witness'**

**Subpoena cell phone
records**

**Computer forensic
experts scour hard
drives**





May Lead to Further Questioning

- ▶ **‘How many times a day do you use your device?’**
- ▶ **‘Do you use it at night?’**
- ▶ **Implying addiction and / or sleep deprivation**

No One Is Immune

Negative Perceptions

Team Members		Inattention to Pt
Patient / Family		Appalled
Expert Reviewers		Below the SOC
Jury		Shocked & Angry

Consequences

Negative media coverage

Multi-million dollar verdicts

Suspension or loss of privileges

Loss of employment

BOM investigations and sanctions

National Practitioner Data Bank

THINK FIRST! Is it worth the risk?

Personal Electronic Devices and Addiction



Dopamine Looping

<https://www.psychologytoday.com/us/blog/brain-wise/201802/the-dopamine-seeking-reward-loop>

Dopamine and PEDs – A Co-Dependent Union

Dopamine System	PED functionality
Causes seeking and wanting behaviors	✓ Means to satisfy seek/want behavior
Instant gratification encourages dopamine looping	✓ Immediate response captures attention
Stimulated by unpredictability	✓ No predictability as to when and what appears
Sensitive to ‘cues’ that a reward is coming	✓ Top Down and Bottom Up stimuli
Most powerfully stimulated when information is in small bursts and not complete	✓ Think ‘tweets’
Is never satisfied	✓ Always accessible, if powered

<https://www.psychologytoday.com/blog/brain-wise/201209/why-were-all-addicted-texts-twitter-google>

University of Rochester Modified CAGE Tool

Table 1: Modified CAGE Questionnaire		
	Question	Points
C	Have you ever felt you needed to C ut down on the use of your electronic device?	1
A	Has anyone ever A nnoyed you by criticizing the use of your electronic device?	1
G	Do you ever feel G uilty about your electronic device use?	1
E	Do you reach for your electronic device as soon as you wake up (E ye-opener)?	1
Used to identify very high users of electronic devices (2 or more points) who may be targeted for additional help with preventing distraction from electronic device use in O.R.		

Adapted from Papadakos 2013⁵

Do You Have These Symptoms of Addiction?

Nomophobia

- *Fear of not having a mobile phone*

Phantom Vibration or Ringing Syndrome

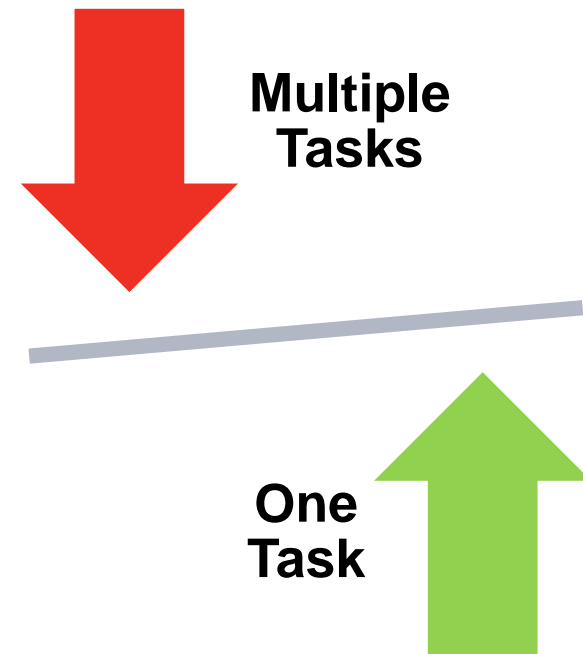
- *Sensation that a phone vibrated or rang, when it did not*

FOMO

- *Fear of missing out in the digital world*

Multi-tasking

- ▶ Inept way of trying to cope with multiple demands
- ▶ Our attention center is a resource pool
- ▶ One task = ↑ Quality
- ▶ Multiple tasks = ↓ Quality



Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age.
Papadakos and Bertman, Editors. Springer 2017. p 23

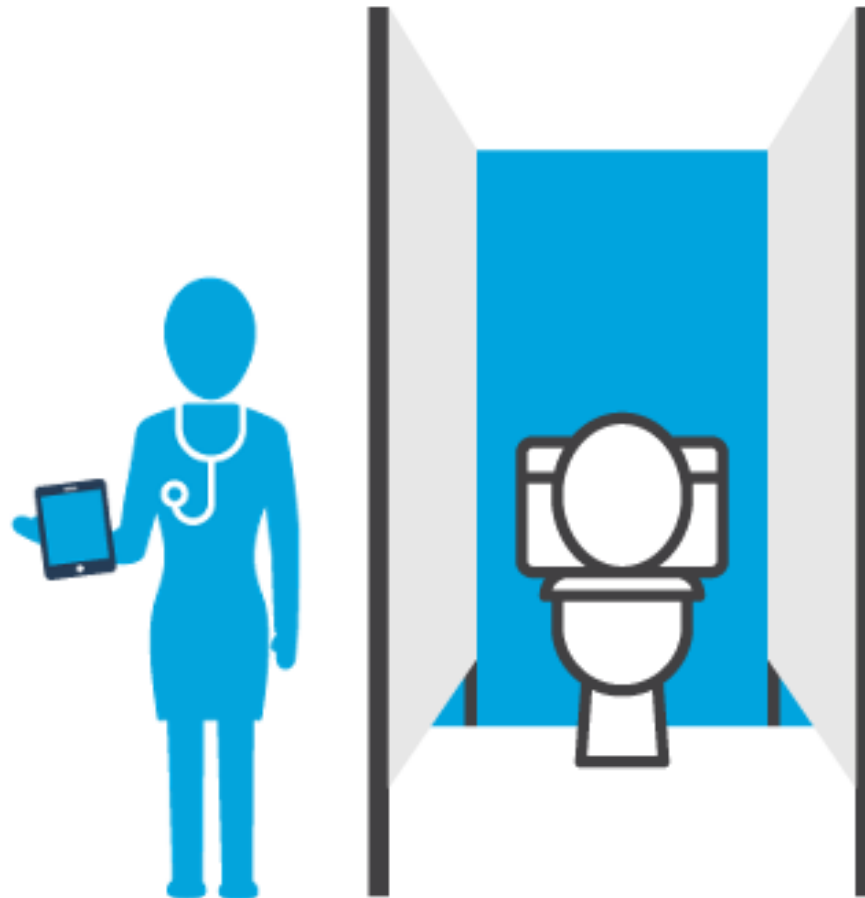
'Multi-tasking Mentality'

Many providers have convinced themselves that they can enjoy their private lives on their personal devices while they are caring for patients.

Recipe for Disaster

Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age.
Papadakos and Bertman, Editors. Springer 2017.

Today's Phone Booth? – Infection Control Considerations



Hidden Costs: Do These Occur In Your Practice?

- ▶ Cyberloafing?
- ▶ Pre-occupied clinical and support staff?
- ▶ Patient or case flow delays?
- ▶ Room turnover delays?
- ▶ Incomplete record-keeping e.g. histories, orders, sign-outs, billing forms, progress notes, patient communication?
- ▶ Medication and documentation errors?
- ▶ Incomplete patient education?
- ▶ Delayed follow-up on lab test or diagnostic studies?
- ▶ Patient complaints about customer service?
- ▶ Decreased patient satisfaction or experience scores?

Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age.
Papadakos and Bertman, Editors. Springer 2017

The Link Between Patient Satisfaction and Malpractice Risk



**Patient
Satisfaction
Scores**



**Risk of
Malpractice
Claims**

https://helpandtraining.pressganey.com/Documents_secure/White%20Papers/wp_malpractice_patientsat_link021910.pdf



Non-Verbal Communications

*“What you do speaks so loudly
that I cannot hear what you say”*

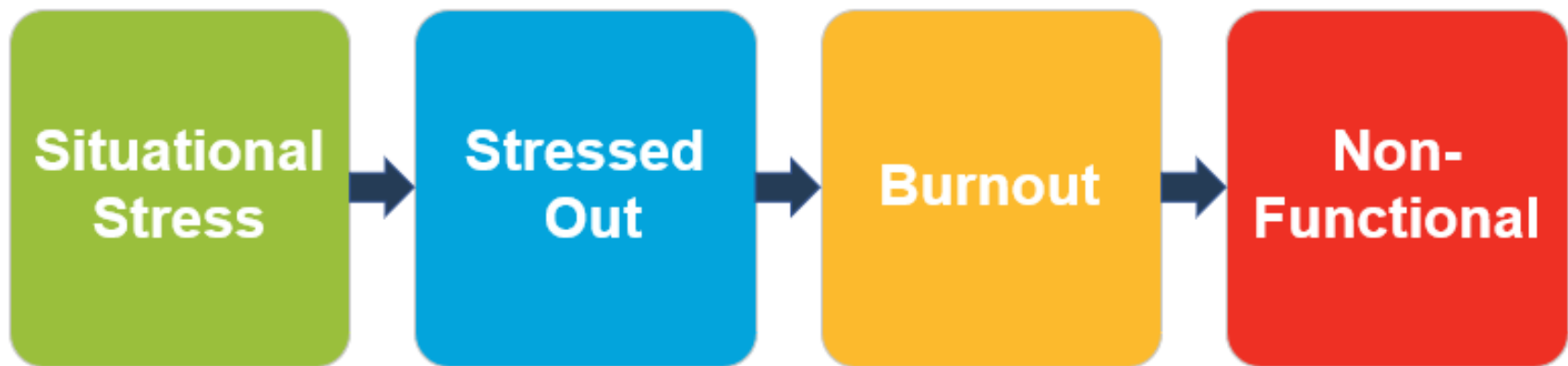
Ralph Waldo Emerson

<https://www.silentcommunication.org/single-post/2016/03/20/17-Non-verbal-communication-percentage>

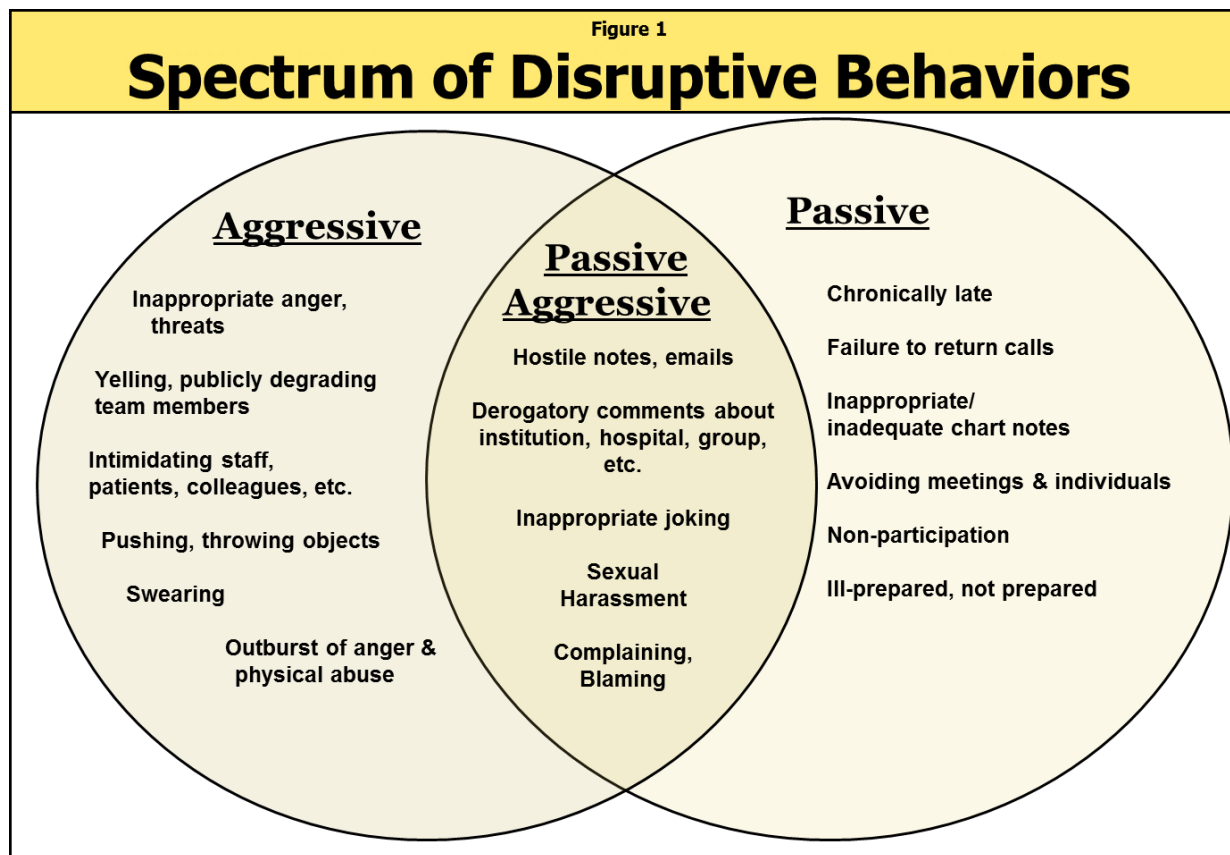
Distraction and Burnout

Contributes to Burnout	Symptom of Burnout
High volume of data demands real-time attention	Provides a break from a stressful environment
Focuses professional life around use of the EMR	Allows an escape by generating a digital identity
Reduces human interaction with patients	Helps overloaded people slow down

Productivity and Stress



Precursor to Burnout?



Source: Swiggart, Dewey, Hickson, Finlayson, Spickard. "A Plan for Identification, Treatment, and Remediation of Disruptive Behaviors in Physicians." *Frontiers of Health Services Management*, 2009; 25(4):3-11.

The Burnout Syndrome

De-personalization

- ▶ Negativity, callousness
- ▶ Feelings of cynicism
- ▶ Detached response to aspects of job

Emotional Exhaustion

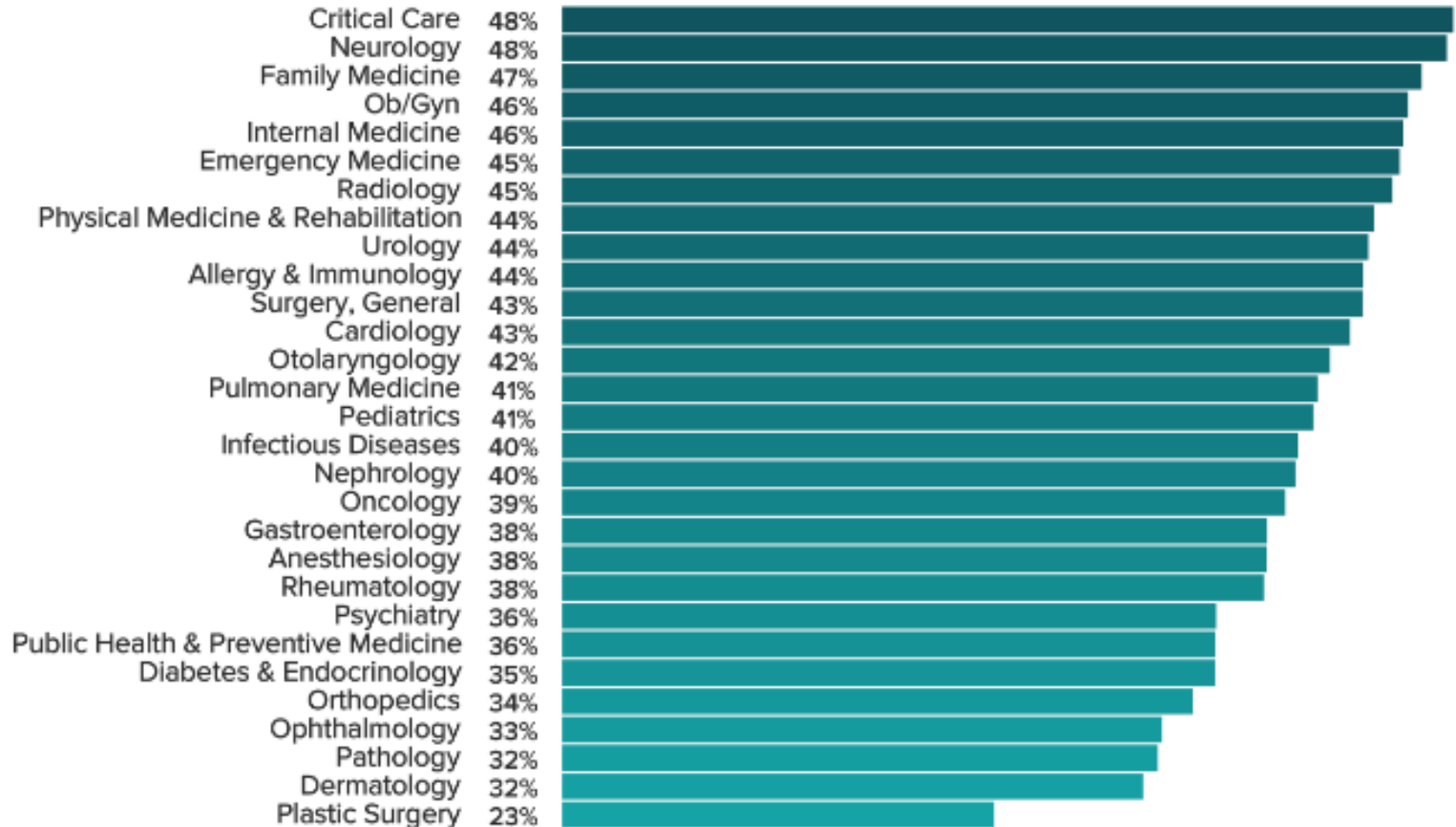
- ▶ Feeling overextended
- ▶ Emotionally & physically drained
- ▶ Exhaustion leading to distancing

Low Personal Accomplishment

- ▶ Feeling of underachievement at work
- ▶ Feeling of incompetence at work
- ▶ Lack of resources

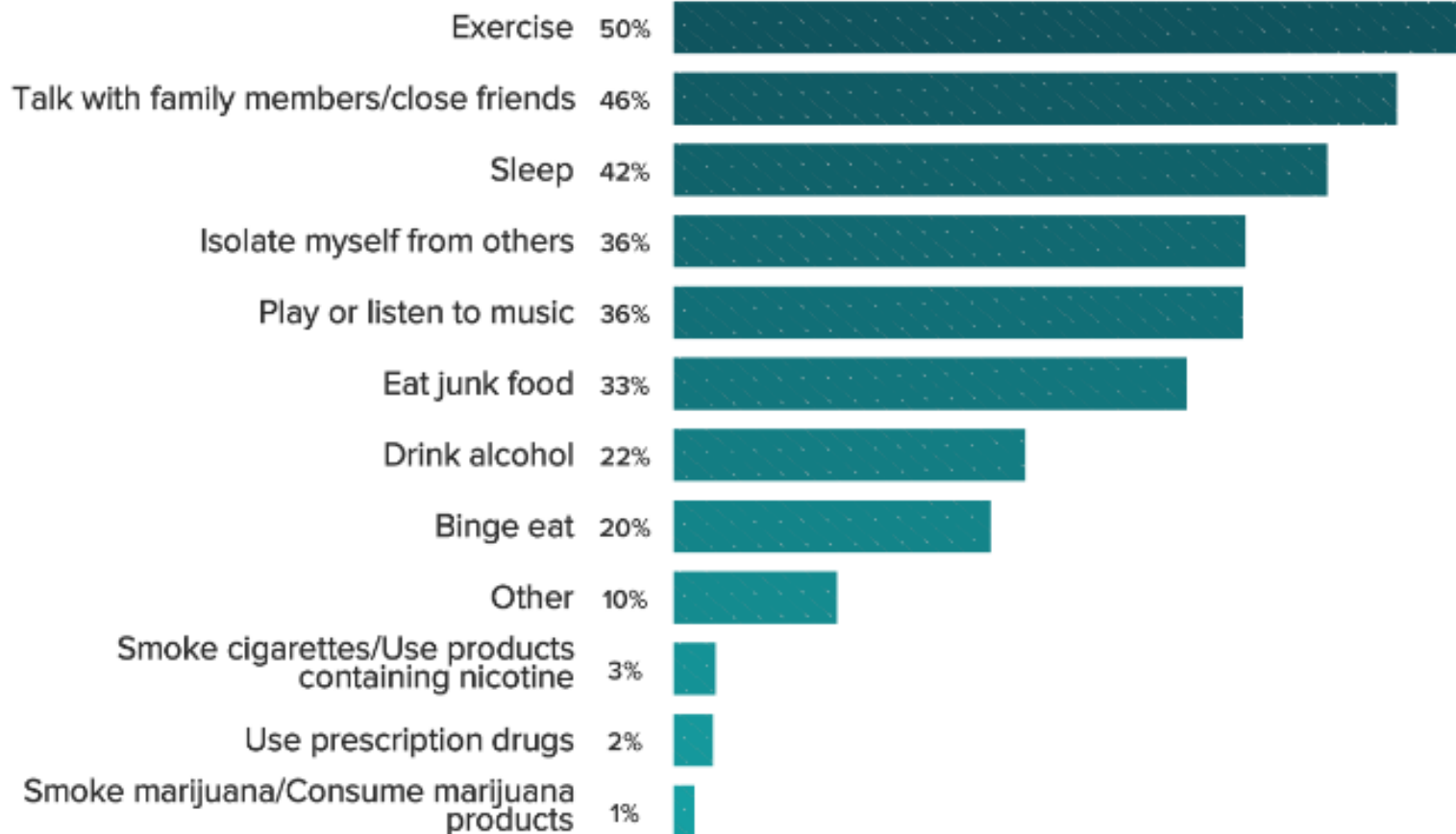
Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172(18):1377-1385.

The Burnout Level By Specialty



15,500 respondents –
2018 Medscape National Physician Burnout and Depression Report

How Physicians Cope With Burnout



Building Resiliency: Self-Care Activities

- ▶ **Set your priorities**
- ▶ **Track your time**
- ▶ **Control your workload**
- ▶ **Make your EMR work for you**
- ▶ **Look forward to something**
- ▶ **Respect your private time**
- ▶ **Get plenty of exercise**
- ▶ **Take a vacation**
- ▶ **Ask for support**
- ▶ **Set boundaries**
- ▶ **Find a wingman**
- ▶ **Assess personal habits and lifestyle**

The AMA Summit on Physician Burnout

10 Health System Executives identified burnout as a national public health crisis.

- ▶ Measure Well-Being
- ▶ Add Well-Being to Dashboards
- ▶ Educate Organizational Leaders of the Importance of Reducing Burnout

- ▶ Physician Leadership Skill Development
- ▶ Address Inappropriate Clerical Allocation to Physicians
- ▶ Push Regulators and Vendors to Reduce EHR Burden

- ▶ Support Team-Based Models of Care
- ▶ Track The Costs
- ▶ Share Anti-Burnout Best-Practices
- ▶ Conduct Research to Improve Provider Well-Being

The AMA “STEPSforward™” Program

Patient Care


Workflow and Process

Leading Change

Professional Well-Being

Technology and Finance

The Doctors Company Commitment to Clinician Well-Being



We are committed to reversing the trends associated with clinician stress by sharing information and tools that address some of the known causes of stress and burnout....to develop resources to help members manage these changes—by building healthier work environments with highly functional clinical teams, effective processes, and strong communication

The Doctors Company Statement on Commitment to Clinician Well-Being
Organizational Commitment Statements
National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Preventing Distractions: What is the Fix?



Strategies for Organizations

Create Awareness

- Recognize problem
- Model appropriate PED use behavior.
- Tier communication.
- Refrain from sending texts for non urgent matters
- Do not anticipate immediate responses for non emergent matters.

Educate system-wide

- Train all healthcare providers at orientation and annually on safety and legal risks and addictive potential
- Use simulation-based learning and case studies.

Deploy technology solutions

- Create technology free zones
- Block non work-related Internet sites
- Limit web sites to EMR, state RX databases etc.
- Manage facility-issued devices.

Enforce

- Monitor compliance with system-wide protocols and guidelines
- Clearly define how PEDs are used in patient care.
- Limit use of PEDs in clinical care areas.

Strategies for Teams or Departments

- ▶ **Unit-specific protocols**
- ▶ **Empower every team member**
- ▶ **Ban or limit use of PEDs**
- ▶ **Create a process to reach an employee during a family emergency that doesn't require a cell phone**
- ▶ **Monitor compliance as part of the team's quality measures**
- ▶ **Reinforce situational awareness and mindful practices**
 - 'Sterile cockpit' and 'Below 10,000 feet' ; apply TeamSTEPPS™ principles

Strategies for Individuals

► Personal accountability

- Ignore the distraction especially during high risk procedures
- Speak-up, set an example, remain vigilant

► Avoid Multitasking

► Practice situational awareness

- Pay attention to the present moment
- Increase attention, focus and concentration
- Defend against hazards related to interruptions and distractions

<https://psnet.qhrq.gov/perspective/152/interrupptions-and-distractions-in-health-care-improved-safety-with-mindfulness>

Take Time to Reflect

“We have given up the desire for and practice of quiet contemplation because we have the ability to distract ourselves constantly.”

“The last remaining place I’m guaranteed to be alone with my thoughts is in the shower.”

Unplug

Teddy Wayne
The End of Reflection
New York Times, June 11, 2016

Twenty years ago, the internet was
an escape from the real world

Today, the real world is an escape
from the internet

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Additional resources and activities please visit

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