From the Editor-in-Chief

Lead Us Not into Temptation to Text

With the start of a new year, we welcome all things new: authors, readers, manuscripts and, most of all, new ideas. Speaking of new ideas, as was true with the invention of its long-standing precursor, the evolution of the smartphone has been a game changer in society. Touch- and voice-activated applications, or "apps," have been developed for a multitude of purposes, supporting both work and play. Apps allow us to shop, read, play games, listen to music, send and share information and stay virtually connected with our friends, family and colleagues. The surfeit of available apps offers functionality that seemingly extends beyond the limits of even the most vivid imagination – albeit many of them are far from having any understandable merit and are nothing short of mindless distractions to idle time away. But admittedly, I too have succumbed to the nonsensical quest to conquer yet another level of Angry Birds.

Numerous smartphone apps have also been developed for healthcare, supporting communications among clinicians and between clinicians and patients. Tools that offer support for health and illness management, and others providing remote connectivity for proactive physiological monitoring, are rapidly becoming mainstream. Early studies are discovering the potential benefits of mobile monitoring apps such as "bant" (http://bantapp.com), developed with adolescent diabetics in mind, supporting them to more effectively monitor their diet, activity and blood glucose. Mobile applications are also being developed and tested, and are showing promise in the management and monitoring of other chronic diseases, such as hypertension (Dingman 2011).

Clinical apps, such as those from Epocrates (www.epocrates.com), have been developed for mobile devices (e.g., BlackBerry, iPhone, Android) to provide healthcare professionals with point-of-care access to searchable information, including drug and disease monographs, and diagnostic tools. PEPID, another "leading developer of clinical decision-support information technology," has developed applications that are now being widely used by clinicians throughout Canada and the United States (www.pepid.com). A notable endorsement of this company's product is that of the Quebec Ministry of Health, which has supported the licensure and use of PEPID's Emergency Physician Suite of products in every emergency room (n=107) throughout the province since 2005. Other offerings include product suites focused on critical care, oncology and gerontology nursing, as well as an array of clinical

tools applicable to all areas of practice (e.g., pathophysiology, drug database, calculators, nursing considerations and patient teaching tools). Anecdotally, I know of many Canadian nurses using these tools in settings where they are permitted, but as yet I am not aware of any setting, let alone any provincial jurisdiction, that has embraced such point-of-care tools for use by nurses.

Professional bodies, including the Canadian Nurses Association and the Registered Nurses' Association of Ontario, have made significant investments to develop functionality that provides students and practising nurses with access to a wide array of online resources (see, e.g., CNA's NurseONE site at www.nurseone.ca). These professional organizations offer many useful links to databases, sources of evidence, communities of practice and best practice guidelines designed for use on a variety of technology platforms, including smartphones.

Imagine the possibilities yet to be realized as clinicians and citizens alike have these tools at their fingertips. Community nursing service providers are clamouring to equip their nurses with smartphones loaded with apps to support their work and travel, including access to global positioning system (GPS), clinical documentation and client scheduling tools (CellTrak 2011). However, in many organizations, enthusiasm and support for nurses' use of smartphones with applications to support clinical care are pitiably lacking. Indeed, many institutions forbid the use of such devices and tools, particularly by nurses. In recent conversations, I have listened to nurses' frustration with antiquated policies and directives of their employer organizations regarding the use of these technologies in clinical settings. How inane is the furtive use of smartphones to search for evidence or find drug information to inform care, in the utility room, no less! I have also heard that in some organizations, there is a startling double standard at play whereby it is permissible for physicians to use these tools but not nurses and other healthcare providers. Nonetheless, I discovered another very recent reflection by physician colleagues also lamenting the baseless prohibition of smartphone use in hospitals (Rosenfield et al. 2011).

The rationale for precluding the use of smartphones is neither evidence-based nor entirely logical. Issues of patient confidentiality and the potential for negative reactions from patients and families can be managed with "appropriate use" policies and related education. Organizations also cite the inherent temptation to use these devices for social networking or personal communications (e.g., phone calls, e-mails, texting). When it comes to the use of smartphones in clinical settings, there appears to be an overall lack of regard for the prudence of health professionals. Moreover, patients and their families (who could clearly benefit from the use of tools that keep them connected with the outside world) are also prevented from using these devices; perhaps the loss of telephone revenues is the real issue here… just saying.

The potential threat of electromagnetic interference (EMI) with other medical devices has also been suggested to justify banning their use, but studies have demonstrated that this, too, can be mitigated with clear guidelines for usage. Moreover, evidence is mounting against overstated EMI risks to patient safety. Building upon their earlier trials at the Mayo Clinic, Tri and colleagues (2007) conducted 300 tests in 75 patient rooms with 192 medical devices including monitors, ventilators, infusion pumps, telemetry, external pacemakers, and O_2 saturation and electroencephalograph systems, to name but a few. The incidence of clinically significant interference was 0%. Although testing was not done in the operating rooms or paediatric intensive care, the findings warranted a re-examination of the Mayo Clinic's cellphone use policy.

It is time for nursing leaders and others to stand up to these outmoded policies that impede the use of devices that have the potential to connect patients and families with their clinicians – not to mention those organizations that continue to prohibit nurses from accessing the Internet! Need I suggest that as healthcare embraces evidence-based care, we need also to advocate for the use of enabling technologies.

In this issue of *CJNL*, we hear from colleagues about the merits of nurses' having access to evidence at the point of care. The use of such tools as the Health Outcomes for Better Information and Care (HOBIC) initiative is being promoted as a vehicle to advance a culture of nursing practice that relies on information and evidence. This notion is predicated on clinicians' utilizing any and all resources available to them. With clear expectations and practice guidelines, the use of smartphones and relevant apps is surely one temptation that should be vigorously encouraged and enabled in every clinical setting.

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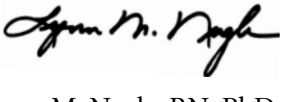

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