

# Joint Commission Confirms Ban on Texting of Patient Care Orders

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## Connecticut Health Law

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After briefly considering a reversal of its prohibition on texting orders, The Joint Commission (TJC), in consultation with the Centers for Medicare & Medicaid Services (CMS), announced last month that its ban would continue indefinitely.

In the May issue of TJC's *Perspectives* publication, TJC announced that it was removing its ban on texting orders for patient care, treatment or services in hospitals and other health care settings because secure texting solutions had addressed TJC's safety and security concerns. TJC stated that "practitioners in accordance with professional standards of practice, law and regulation, and policies and procedures may text orders as long as a secure text messaging platform is used and the required components of an order are included."

However, on June 8, 2016, TJC declared that it was delaying implementation of the new policy and that additional guidance was required to ensure a safe implementation involving the secure texting of orders. TJC also noted that CMS would be collaborating with TJC to ensure congruency with the Medicare Conditions of Participation.

That clarification arrived in the December 2016 issue of *Perspectives*, where TJC 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", and therefore texting orders is not permitted. Specifically, TJC, with CMS's input, found that:

Joint Commission Information Management (IM) Standard IM.02.01.01, Element of Performance 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.

- 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). TJC noted that CPOE is increasingly available through secure, encrypted applications for smartphones and tablets, which will make following this recommendation less burdensome.

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- In the event that a CPOE or written order cannot be submitted, a verbal order is acceptable, but should be used infrequently.

As for its rationale for this decision, TJC, with CMS, concluded that the impact of texting orders on patient safety remains unclear. Concerns identified include:

- 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 perform 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 clinical decision support 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.

Given the convenience and pervasiveness of cell phones, this issue is likely far from settled, but for now practitioners should continue to adhere to these prohibitions.

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