



POLICY ON INTERNET ACCESS IN THE EMERGENCY DEPARTMENT

1. PURPOSE

This document is a policy of the Australasian College for Emergency Medicine (ACEM). It aims to ensure that emergency clinical and clinical support staff have appropriate Internet access in the emergency department (ED). This will enable emergency physicians, trainees, other clinical and clinical support staff to access online resources that are essential for education and clinical practice.

ACEM provides a range of resources for its members and staff in an electronic format, and therefore recognises the importance of new and emerging technologies and the ways in which they can improve the provision of healthcare in the ED.

2. SCOPE

The policy applies to all Australasian Emergency Departments.

3. INTRODUCTION

Physicians and all clinical staff in the ED are faced with a wide range of clinical problems and are required to deal with a range of patient ages and other demographic characteristics. The scope of information required by emergency clinical staff is therefore broad, posing significant challenges in relation to cognitive retention. As a result of time constraints and the difficulties of information retention, emergency physicians and clinical staff often use the Internet as a source of rapid information access that can provide up-to-date evidence-based medicine (EBM) resources. In addition to traditional information sources such as medical journals that are now widely available online, there is also a growing number of non-traditional resources that are readily available and prove to be highly useful to emergency clinical staff.

3.1 Definitions

Online resources can be split into three different components which include point of care information resources, non-traditional resources and social media.

Point of care resources can be defined as tools which provide a convenient reference point for clinical staff by facilitating access to filtered information through computers as well as mobile applications. [1]. These resources remove the need for physicians and other clinical providers to have a well-developed search and appraisal skill as they provide a simple means through which synthesised evidence is collated, and links to other relevant topics and research. [1]

Non-traditional resources are easily accessible by those who are not regular users of technology or who are less familiar with navigating these sources of information. These resources can be defined by their collaborative nature as well as their flexibility, and include blogs, podcasts and vodcasts. [2]

Social media incorporates both online and mobile tools that can be utilised to share opinions, information and experiences, video or audio clips, as well as sites that can be used for social networking. Common social media sites include Facebook, YouTube, Twitter, LinkedIn and blogs. These websites may contain content that does not have any use in the delivery of high quality patient care but may promote 'social networking'. Social networking

can be utilised as a tool for rapid professional information exchange, such as the collaboration and sharing of information through uploading training and procedural videos.

4. POLICY

Although hospital intranets require firewalls for the protection of data, EDs can and should provide appropriate and reliable Internet access for medical and nursing staff, As well as staff providing clinical support activities, in order to facilitate clinician use of any online resources required in the delivery of high quality patient care.

The infrastructure of the ED should also allow for the effective use of Internet resources through the provision of facilitating tools such as speakers or headphones, as well as computers with sufficient capabilities for high-speed Internet access. Both wired and wireless access, with sufficient bandwidth, should be provided in order to allow for the use of personal tablets, phones, computers and other mobile devices.

Hospital policy which grants and supports open Internet access to ED staff at commencement of employment is recommended to maintain quality and efficiency of ED care. Such policy should describe appropriate and responsible Internet use, and ensure that procedures are in place to identify and block use of inappropriate websites, and avoid problematic use. Access to social media sites in order to facilitate collaboration and information exchange should be considered within the scope of appropriate Internet use. ED performance management is expected to address individual staff overuse of information systems and devices, whereas organisational policy and monitoring will address inappropriate or illegal content access.

ACEM also requires trainees and fellows to have access to online resources to complete work based assessments (WBAs) and continuing professional development (CPD) activities. As outlined in *Cole's Medical Practice in New Zealand*, due to the Internet, it is now easy for doctors and specialists to contribute to online resources and collaborate on CPD activities in order to confirm their existing knowledge, without which, high quality medical care cannot be delivered. [3] Contribution to online CPD activities should be considered a part of good medical practice and be encouraged by the employer as a part of normal clinical support duties. This should be facilitated by access to the resources required for participation.

ACEM expects that ED staff will use the Internet in the manner defined by professional authorities such as the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), and in compliance with relevant legislation.

5. PROCEDURES AND ACTIONS

Emergency departments, through collaboration with Local Health Districts (LHDs), District Health Boards (DHBs), hospitals and the Information Technology (IT) departments of hospitals, must have organised policies and procedures regarding appropriate Internet access and usage in the workplace for and by physicians and all ED staff. Staff must also be made aware of these policies and procedures and be provided with training regarding sites that are not appropriate for access in the workplace should they request it.

It is also the responsibility of LHDs, DHBs, hospitals and their IT Departments to ensure that staff within the ED are provided with sufficient tools to access online resources. Through the reduction of barriers facing emergency staff in accessing online clinical information, such as firewalls, poor Internet coverage, or a lack of computers, patient care in the ED can be enhanced.

As outlined in the MBA's *Good Medical Practice: A Code of Conduct for Doctors in Australia*, good medical practice involves ensuring that the use of social media is consistent with ethical and legal obligations to protect patient confidentiality and privacy. [4] This should be accounted for in the creation of policies and procedures regarding appropriate Internet usage in the workplace.

6. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

6.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships
Document implementation: Standards Committee
Document maintenance: Policy and Research Department

6.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
1	Nov-15	Approved by Council

7. REFERENCES

1. Addison J, Whitcombe J, Glover SW. How do doctors make use of online, point-of-care clinical decision support systems: a case study of *UpToDate*®. Health Information and Libraries Journal [Internet]. 2012 [cited 2014 Oct 20]; 30: 13-22. Available from: doi: 10.1111/hir.12002.
2. Cook V. Review of Internet Access and Usage in Emergency Departments: Literature Review, A Review of the use of Internet resources in conducting Evidence Based Medicine. Chatswood: ACI Emergency Care Institute; 2013 4 p.
3. Medical Council of New Zealand. Cole's Medical Practice in New Zealand. Wellington: Medical Council of New Zealand; 2013. 140 p.
4. Medical Board of Australia. Good Medical Practice: A Code of Conduct for Doctors in Australia. Melbourne: Medical Board of Australia; 2014. 9 p.