

What's New in the Patient Safety World

September 2020

AORN on Distractions and Interruptions

AORN has issued a position statement on "Managing Distractions and Noise During Perioperative Patient Care" ([AORN 2020](#)). It begins with 4 beliefs:

- A multidisciplinary team approach is required to reduce distractions and noise in perioperative settings and create a safer environment for patients and perioperative team members.
- Distractions and noise that do not serve a clinical function should be minimized.
- During critical phases of the surgical procedure, surgical team members should create a no-interruption zone in which nonessential conversation and activities are prohibited.
- Interventions to reduce distractions and noise should be adaptable to all areas where invasive procedures are performed (eg, traditional ORs, ambulatory surgery centers), and the actions included should be applicable to the specific practice and team members.

A major focus is on the use of personal electronic devices (eg, mobile phones, tablets, laptop computers). Ring tones and alarms from personal electronic devices contribute to distraction. And "undisciplined use of cellular devices in the OR by any member of the perioperative team may be distracting and may affect patient care", and that includes activities such as texting on smartphones.

Excessive noise may also interfere with the ability to communicate effectively, make it difficult to understand content, and contribute to miscommunication and lead to errors.

They note that the Environmental Protection Agency (EPA) recommends that the level of continuous background noise in hospitals not exceed 45 decibels (dB) during the day, and WHO (World Health Organization) recommends that environmental noise levels not exceed 30 dB. Moreover, OSHA (Occupational Safety and Health Administration) permissible exposure limit (PEL) for noise is 90 dBA for all workers for an 8-hour day. Noise levels in hospitals often exceed such recommendations. Specialties in which powered surgical tools and impact-producing equipment are used demonstrated higher noise levels than other specialties.

A noisy environment may both be associated with physical and psychological symptoms in healthcare workers and serve as a distraction that interrupts patient care and potentially increases the risk for error. They cite other studies showing causes of distractions and interruptions such as team members entering and leaving the room, equipment alarms, parallel conversations, and telephones or pagers. They also note other studies that showed increases in noise (eg, talking during the closing phase of a surgical procedure) may be associated with increases in surgical site infections.

The AORN position statement then goes on to describe a litany of activities that commonly cause distractions and interruptions in healthcare settings, including patient care activities, behavioral activities, electronic activities, technology, and mechanical/environmental factors,

It then goes on to discuss importance of the **sterile cockpit** concept, in which nonessential conversation and activities do not occur during critical phases of a surgical procedures, such as time-out periods, critical dissections, surgical counts, medication preparation and administration, confirming and opening of implants, induction and emergence from anesthesia, and care and handling of specimens. Surgical team members should give their full attention to performing their responsibilities during critical phases. It does acknowledge that critical phases may occur at different times for different team members.

The position statement comes with over 60 references and also has links to useful resources from other organizations.

Prior Patient Safety Tips of the Week dealing with interruptions and distractions:

- August 25, 2009 [“Interruptions, Distractions, Inattention...Oops!”](#)
- November 3, 2009 [“Medication Safety: Frontline to the Rescue Again!”](#)
- December 15, 2009 [“The Weekend Effect”](#)
- May 4, 2010 [“More on the Impact of Interruptions”](#)
- October 12, 2010 [“Slowing Down in the OR”](#)
- March 8, 2011 [“Yes, Physicians Get Interrupted Too!”](#)
- July 31, 2012 [“Surgical Case Duration and Miscommunications”](#)
- August 28, 2012 [“New Care Model Copes with Interruptions Better”](#)
- November 27, 2012 [“Dealing with Distractions”](#)
- April 16, 2013 [“Distracted While Texting”](#)
- May 21, 2013 [“Perioperative Distractions”](#)
- July 1, 2014 [“Interruptions and Radiologists”](#)
- November 2014 [“More Radiologist Interruptions”](#)
- March 17, 2015 [“Distractions in the OR”](#)
- July 21, 2015 [“Avoiding Distractions in the OR”](#)
- August 30, 2016 [“Can You Really Limit Interruptions?”](#)
- November 8, 2016 [“Managing Distractions and Interruptions”](#)
- March 7, 2017 [“Nested Interruptions”](#)

- April 11, 2017 “[Interruptions: The Ones We Forget About](#)”
- February 13, 2018 “[Interruptions in the ED](#)”
- May 2018 “[Cost of Interrupting a Radiologist](#)”
- December 2019 “[Hospitalist Shifts Matter, Too](#)”
- January 28, 2020 “[Dang Those Cell Phones!](#)”

References:

AORN. (Association of periOperative Registered Nurses). AORN Position Statement on Managing Distractions and Noise During Perioperative Patient Care. AORN Journal 2020; 111(6): 675-680
<https://aornjournal.onlinelibrary.wiley.com/doi/10.1002/aorn.13064>



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