

CUSOM and Affiliated Hospitals Unified Communications and BYOD FAQ's

Updated 11.2.2023

I am concerned about having my personal cell phone listed on AMiON and for others to see.

Personal cell phone numbers will not be listed on any public facing websites and will be password protected.

Further, it is acceptable for providers to explore alternate options including purchasing an additional phone, e-sim, or an alternative VoIP phone number (such as [google voice](#) or [Jabber](#) for faculty with an office phone number).

Denver Health and CHCO are no longer using AMiON. As of 6/30/2023, UCH AMiON will require use of either CUAnschutz or UCHHealth log-in information through Doximity. We are presently exploring more protection at the Rocky Mountain VA Medical Center.

It is unacceptable that the CUSOM or the health systems ask me to pay for something for work out of my own pocket.

There are multiple things you pay for related to your work that are not compensated; some examples include medical license fees, parking, and personal diagnostic equipment (stethoscopes). The CUSOM has a policy for submitting for reimbursement. Each individual department may determine how they can offer compensation for personal device use. <https://www.cu.edu/controller/procedures/finance-procedural-statements/finance-procedural-statement-personal-technology>

I am concerned about cellular dead spots in my office, clinic, or hospital.

Providers are encouraged to use Wi-Fi for conducting work on their personal devices. If you have concerns about a particular area, please contact the specific IT office responsible for your area to report an issue and request an evaluation of your Wi-Fi signal.

NOTE: CUSOM and UCHHealth are both undergoing an extensive project to upgrade Wi-Fi access points which will be done by July 26 go live.

Incorporating work applications on my personal device will interfere with my work-life balance.

Alerts through the Epic Haiku application are completely customizable so you can differentiate alerts from work (with different priorities) vs. alerts from your personal life. Further, by using the sign-in and sign-out functionality in Epic, you will be able to notify others when you should and should not be contacted. Finally, a new status coming to Epic on 7/26/223 called "Offline" will allow you to block all alerts and notify the sender you are not available.

I already get too many alerts; won't this just make it worse?

We acknowledge there is a learning curve where providers, nurses and staff will be learning how to communicate judiciously and appropriately through the new modalities. We are working with all parties to "Message Wisely". Further, the ability to customize your alerts will allow you to better triage your workflows to mitigate interruptions. In our present state, we are unable to measure how many pages are sent. Moving to a single platform will allow for better tracking and future interventions for efficient communication.

I'm worried I won't wake up to Epic Haiku alerts and/or I don't want my phone to ring while I'm asleep unless there is an emergency.

Urgent alerts will override/breakthrough any native phone settings at maximal volume with a set tone and will repeat. Additionally, you can set customize specific applications to breakthrough "Sleep/Do Not Disturb" settings on your phone.

What if my phone is damaged?

We encourage all providers to mitigate this how they normally would if their pager became nonfunctional i.e., find another way to be contacted. The nice thing about this new role based Epic sign in is that you can easily move to another device, download the Haiku mobile application, and sign in with the new contact number. If your phone is damaged during a shift, you can still receive secure chat messages and identify new consults on a desktop or laptop computer while obtaining another device.

There will be a limited number of backup devices available for loan in the event that yours breaks/is lost while you are on call. These will be stored in the House Supervisor's office (AIP 1st floor, contact number 720-848-4296) for 24/7 availability, starting from July 26th. The House Supervisor will be responsible for maintaining and checking the phones out as needed. Phones checked out are expected to be returned at the end of shift/call period and the damaged personal phone repaired/replaced immediately afterwards.

NOTE: if you are on a CODE team or responsible for urgent patient care issues and your phone becomes nonfunctional, your options will depend on the hospital where you are working. You may need to transfer that responsibility to another provider until you can procure another device. At UCH, there will be a small bank of "loaner" phones that will be available for use in the hospital for urgent roles while on call/shift in case of device failure.

I'm worried about my personal device and data being confiscated.

The [CUSOM BYOD policy](#) clarifies what was already true: if any CUSOM employee uses their personal device for work they are subject to the open records statutes. This also applies to the use of work-related emails on phones or any other work-related activity on a personal device. So long as providers only use the mobile Epic Haiku application for clinical work, their personal device would not be open to risk as that data is wholly contained in the EHR application and accessible through secure servers. Further, text messages and other materials must be specifically listed in a records request so it is highly unlikely providers would ever need to submit their entire phone. In addition to HIPAA, this is another reason not to text about patients, etc.

Can't the hospital/health system just give me a phone like they do for nurses?

Unfortunately, no. Providers are mobile and may cover multiple sites or go home while on "shift" or on call. Hospital provided phones do not work outside of a particular facility. Further, hospital provided phones eliminate the ability to customize settings described above which result in unwanted interruptions. Finally, nurses are discouraged from having their personal devices out at work and are restricted from having their personal devices in patient care areas. Allowing providers use their personal device for work lets providers attend to personal matters without being limited by hospital oversight of time management.

What if I am scrubbed into a case?

There are multiple peri-operative workgroups working to accommodate this unique area. Several features, including automatic and manual message forwarding when marked present in a case, are available and being customized to address the procedural area workflows. Finally, setting different alert

types for different urgencies will allow you to determine whether it is necessary to break-scrub to answer a message.

NOTE: forwarding messages will only work for a single institution, within the same instance of Epic. If responsible for care at multiple hospitals, you will need to forward your messages for each institution separately.

Will I have to manually sign-in? What if I forget?

Yes, as that's how Epic knows in real time who is covering a particular role. Signing in ensures the most accurate, real-time information about who is caring for a particular patient. It allows for customization and team management so people trying to communicate can know who to contact and decreases unnecessary communications to the wrong team members. When you sign in, you can set the time for automatic sign out. The call schedule (from AMiON or other sources) will be integrated into Epic for many teams, but this is a backup plan and not designed to be the default.

Can I be signed into and receive messages from multiple hospitals into the same Haiku application at the same time?

Yes!

Can I sign into multiple provider teams at once?

Yes!

My clinic/unit already has great communication that does not use pagers – will this go away? In general, no! The goal is to enhance where communication is currently fragmented (i.e., anywhere with pagers) while allowing already high performing areas to keep doing so. We are working with every single unit/service-line/department to ensure the functionality matches your needs.

What if I refuse to provide my own device?

Faculty are not contractually forced to comply, however by doing so you acknowledge you are potentially placing your colleagues and patients at risk for substandard communication and care, respectively. If you do not have the mobile Haiku application on your device, you will not be able to receive prioritized alerts. Further, if working on a consult service, you will need to manually monitor for new consults, or rely on your teammates to notify you – virtually necessitating that you remain at a computer and on site. We encourage you to discuss whether you will still be able to perform your necessary clinical duties without a device with your Division Head.

NOTE: Residents and fellows are required to furnish their own device as described in the annual training agreement.

I'm concerned this has not been fully vetted, what testing has been done?

This transition has been carefully planned over the last year, starting in June 2022, with significant input from frontline faculty physicians and APPs, residents, fellows, nurses, and other ancillary staff. There are over 250 "accountable champions" who have been involved in over 100 meetings since last summer to design and validate the functionality with specific attention to individual team workflows. Testing has been underway with iterative changes being made to accommodate unique team requirements. We encourage all providers to test things prior to the termination of pagers to determine feasibility with current workflows, consider modifications to workflows, become familiar with the technology, and provide feedback if there are issues.

I'm having technical issues, who do I contact?

The IT helpdesk at each of the hospitals is your main point of contact for in the moment technology issues.

For more detailed concerns regarding more intricate set-up or other issues, please contact the accountable champion for your department or service line.

Using personal devices might increase opportunities for harassment.

We acknowledge the feeling that using your personal device and sharing your phone number could open other channels for harassment. The CUSOM and affiliated hospitals have zero tolerance for harassment and strongly encourage reporting. To report or discuss any concerns about harassment, please contact the [CU Office of Equity](#)

What if someone else leaves protected health information (PHI) on my personal device via text message or voicemail?

PHI should be maintained confidential in accordance with CUSOM, affiliated hospital, and HIPAA guidelines. Sending text messages is NOT HIPAA compliant. If you receive what you believe to be PHI on your personal device:

- 1) Notify the sender that this is an inappropriate action or modality.
- 2) Delete the information from your device.
- 3) If discovered by someone else or you are concerned, contact risk management.

To prevent this from happening, we encourage all providers to do the following:

- 1) DO NOT send PHI over text messages or leave on voice mails.
- 2) Include the following statement in your voice mail message:

“Thank you for calling. You have reached (insert name here), I'm not available right now so please leave a message including how I may return your call. Please be advised, this is not a secure voicemail box so please do not leave any confidential information including protected patient information. If this is a medical or psychiatric emergency, please dial 9-1-1.”

How will calls from the Emergency Department (ED) be prioritized?

Each hospital has different workflows for managing notifications and calls from the ED. Unless a prespecified urgent category (I.e., Code Blue, Trauma Activation, etc.), Denver Health and UCH will set ED notifications as “Important” with a repeating, loud sound but this can be modified by the individual provider. CHCO will continue to utilize OneCall and send alerts based on clinical urgency. DH will continue to use Zip it alerts for code, trauma, stroke alerts, and cath lab activations.

Each hospital ED has set expectations for response times.

Sometimes calls or messages get missed – what is the back-up?

This is no different than now – pages, phone calls and messages get missed. Your clinical service has designated back-ups in place now. Further, by listing all team members in treatment teams, back-up

providers will be more easily identified. Finally, all residents and fellows have attending, and other back-up as required by GME. If you are unsure who is serving as your back-up, please contact your direct supervisor or program director.

How up to date does my phone need to be?

Unfortunately, Epic does not provide specific recommendations for phone or operating system minimum requirements. The general recommendation is that your phone is able to run the last operating system prior to the most up-to-date system. For example, for Apple users, if iOS 16 is the latest, your phone should be able to run iOS 15.

Does Android or Apple matter?

Like all mobile technology, the functionality is slightly different across device manufacturers. In general, one is not superior to the other for Epic functionality.

Who do I contact to ensure you have the correct phone number?

Please contact your Program Coordinator (residents and fellows) or your division administrator to ensure your correct contact information is relayed to the hospitals.

For CU providers and residents and fellows: In general, this is managed through CU Passport: <https://passport.ucdenver.edu/servicelist.php> > Click UCD Access Under the CU Resources Home (pull down) > My Info and Pay > Contact Details > Edit the mobile phone number.

For Denver Health:

- Denver Health Faculty: To submit a modification of contact number, please email MSOCredentialing@dhha.org or call them during business hours at 2-2715.
- Housestaff (DH or CUGME residents/fellows): Cellphone numbers must be updated with the Office of Education. Email OfficeofEducation@dhha.org to change your phone number permanently.

You may also update your listed phone number in real time using the Epic sign-in function (even if you are not responsible for patient care).

My phone battery is bad and getting worse, will I have access to phone chargers?

The hospitals will have mobile device chargers available, however the amount, location, and availability will be different at every hospital. We encourage you to bring your own mobile charger.

May I use educational funds for my cell phone?

This is determined by each division and department – please check with your division administrator or Director of Finance. Using School of Medicine funds will impact device ownership.

I use assistive devices for hearing or other work-related activities. Who do I contact for accommodations?

[CU Office of Equity: Accommodations](#)

Resident and Fellows

\$150 is insufficient compensation for a cell phone with data plan.

The \$150 is not meant to cover the entire cost of a cell phone and data plan, rather to supplement the cost as these are personal devices. We explored having CUSOM provided devices but there were technical limitations to providing devices that provided the needed tools without blocking users from installing other third-party applications. The data plan needs should be minimal as all work can be conducted over Wi-Fi which residents have at work and home.