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LETTER TO THE EDITOR

IONM practice guidelines for the IONM supervising professional: some questions

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To the Chief Editor,

I read with great interest the practice guideline by Gertsch et al. [1] in a recent issue of the Journal of Clinical Monitoring and Computing.

I would congratulate the authors on the new extensive and comprehensive practice guidelines. I have a few questions regarding the Sect. 7.1.5 (IONM during concurrent cases; sole dedication of the IONM-P to IONM). The authors have stated "*It is anticipated that the IONM-P may be responsible for oversight in concurrent surgical procedures (as may be the case with anesthesia care). The IONM-P must judge his or her maximum capacity based on the mix of case complexity and other factors such as connectivity for telemedicine providers. Sufficient attention must be apportioned to each case such that all duties of the IONM-P are maintained for all cases. It is further recognized that cases of greater complexity may require personal attendance in the operating room.*"

In our practice, the IONM-P is equipped with only a fixed number of screens (computer monitors). The best resolution of a data transferred form a case is best appreciated when it is displayed in a maximized format and monitored singularly on one dedicated screen. Attempting to monitor more than one case per screen implies compromising on the visual comprehension of the signals during the real time monitoring. Running multiple cases on a single screen means minimizing one case to look at the other (at times), thus it becomes more of intermittent monitoring than real time monitoring. Thereby implying that the number of screens available is the limiting factor to the number of cases that can be monitored at one time. Also monitoring numerous cases compromises effective communication with the multiple technologists, delaying response to one or many at times. Judging one's "*maximum capacity*" is a subjective attribute and sometimes even a 'simple' case may spiral in to a 'complex' case. Also, it is not clearly defined who, what or how "*greater complexity"* of cases are defined that would require personal attendance in the operating room. So, would the authors please guide/advice as to what to do in such cases.

Also, I would like to open a discussion about more frequent documentation of notifications and alerts that are issued to the surgical and the anesthesiologists by the of IONM-P in their documentation. It has been shown that IONM does in fact help the anesthesiologist [2] as frequently as the surgical team. Documentation of the same might increase the qualitative and quantitative value of the IONM services provided for a better patient outcome. It would also be pertinent to know if there are any specific guidelines (or plans to formulate one) that relate to the effective communication and documentation between the IONM physician(s) and the IONM technologist(s).

I would welcome comments from the authors regarding the issues to further strengthen the guidelines.

Compliance with ethical standards

Conflict of interest The author has no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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