

DOCUMENTATION BURDEN: AN INTRODUCTION

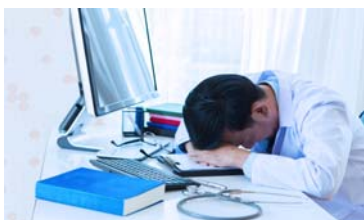
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Session 1C
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CONCEPTS TO REFLECT ON

- Burden
- Joy in Work
- Staff Turnover
- Administrative Requirements
- Interoperability
- Data Sharing
- Quality Measures
- Interprofessional Communications
- Data Reuse
- Legal and Regulatory Requirements
- New Data Elements – SDOH?



DOCUMENTATION BURDEN – WELCOME TO TRACK C



NOT A NEW ISSUE

- Minda & Brundage (1994)
 - Concerned with the increasing burden of documentation
 - Assessed the time difference in handwritten and computer documentation of nursing assessments
 - Calculated the number of observations recorded by computer was significantly greater than the number of observations recorded by hand.
- Congdon & Magilvy (1995)
 - Concerned with the perceived change in spirit of the rural nursing community due to the overwhelming documentation required.
- Towner & Brown (1996)
 - Standardized enteral feeding practices: an approach to achieve consistent practice with reduced documentation

DEEP DIVE ROAD MAP

- Track and Track Goals
- Speakers
 - Jane Englebright (KeyNote)
 - Paula Procter
 - Rebecca Freeman
 - Shannon Hulett
 - Susan McBride
 - Patricia Sengstack (and Endnote)
- Friday WrapUp
 - Where do we go from here?
 - What do you need?
 - How can you help?



NOT JUST A USA ISSUE

- Howse & Bailey (1992)
 - Canada
 - Case study – resistance to documentation
 - Extrinsic and Intrinsic factors
 - Inflexibility and insufficiency of time
- Yu, Zhang, Gong, & Zhang (2013)
 - Australia
 - Evaluated the unintended adverse consequences of introducing EHRs in residential aged care homes.
 - Eight categories of consequences noted – documentation burden
- Cheevakasemook, Chapman, Francis, & Davis (2006)
 - Thailand and Australia
 - Explored the increasing complexity in nursing documentation
 - Limited competence, motivation, confidence, burden

HOW DID WE GET HERE?

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COGNITIVE BURDEN

- The need to record and detail care is clear.
- The information entered has to be focused.
- The information has to be synthesized and manageable.
- With current documentation processes, the mental processes of perception, memory, and judgement are impaired.
- The effort being used by working memory can be exceeded.
 - Results in:
 - unbalanced thought patterns,
 - ignored safety features,
 - nonadherence to workflows,
 - inability to focus,
 - ERRORS**

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Adapted from Atkinson, R.C. and Shiffrin, R.M. (1968). "Human memory: A Proposed System and its Control Processes". In Spence, K.W. and Spence, J.T. The psychology of learning and motivation, (Volume 2). New York: Academic Press. pp. 89-195.

WHAT IS THE IMPACT?

- Nurses spend 33% of their shift interacting with technology. Observations of nurses revealed that they spend **3 hours/12 hour shift** charting. (Higgins, Shovel, Bilderback, Lorenz, Martin, Rogers, & Minnier, 2017)
- Systematic review of twenty articles examining the proportion of total workload spent on documentation pre and post EHR implementation.
 - Increase in implementation time
 - Inefficiencies with some paper documentation remaining.
 - Reductions in multitasking over time
- (Bauman, Baker, & Elshaug, 2018)
- Of 371 participants, 19.8% reported at least one symptom of burnout and 50.3% agreed/strongly agreed that the EHR added to documentation time. (Harris, Haskell Cooper, Crouse, & Gardner, 2018)

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INATTENTION TO WORKFLOW

- How does the documentation support nursing decision making?
- Does the nurse have to remember where to document next?
- Is data/information provided at key points in the workflow?
- Does the documentation process interfere with patient and/or provide communications?
- Are point of care devices integrated or do they cause another manual entry point?
- Is clinical decision support incorporated into documentation?
- Is the data actionable and sharable?

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O'Brien, Weaver, Settergren, Hook, & Ivory, 2015

OTHER CONCERNS

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BURNOUT AND RETENTION

- Documentation burden due to regulation is source of dissatisfaction and burnout.
- Documentation that adds to and does not support workflow creates dissatisfaction and burnout.
- Cumbersome processes create dissatisfaction and burnout.
- Tedious documentation detail to meet regulations but not care and decision making creates dissatisfaction and burnout.
- The challenge of multiple stakeholder requirements often drives documentation creating dissatisfaction and burnout.

<https://nam.edu/care-centered-clinical-documentation-digital-environment-solutions-alleviate-burnout/>
(Bakken, 2019; Ommaya, Cipriano, Hoyt, Horvath, Tang Paz et al., 2018)

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MORAL DISTRESS

- Moral Distress – defined in 1984 as the psychological distress of being in a situation in which one is constrained from acting on what one knows as right. (Jameton, A., 1984)
- Ethical issues identified by nurses
- Usability challenges that preclude good decision making
- Clinical decision support of guidelines that don't align with clinical judgement.
- Attention that is diverted to clerical tasks and not care

HL7 REDUCING CLINICIAN BURDEN

- Reducing Clinician Burden (RCB) Project
 - Reduce burden and address burnout
 - Quality and Usability
 - Workflow
 - Cost
 - Human Computer Interactions
 - Decision Support, Logic, Artificial Intelligence
 - Legal aspects and risks
 - Data quality
 - Data liquidity

http://wiki.hl7.org/index.php?title=Reducing_Clinician_Burden#HL7_RCB_Project_-_Reducing_Burden_and_Addressing_Burnout_-_Success_Stories

A NATIONALLY RECOGNIZED ISSUE

THE GRAVITY PROJECT - SIREN

- SIREN – Social Interventions Research and Evaluation Network out of UCSF
- SIREN launched the Gravity Project to improve and harmonize documentation around SDOH
 - Developing use cases related to documenting social risk and protective factors on screening, diagnosis, treatment, and population health
 - Identifying common data elements and associated values
 - Developing consensus based code sets for capturing and recording the data elements
 - Initiating an HL7 Fast Health Interoperability Resources (FHIR) guide

<https://sirennetwork.ucsf.edu/TheGravityProject>

21ST CENTURY CURES ACT

- 2016 bipartisan majority of Congress passed this act
 - Ease regulatory and administrative burden associated with the use of EHRs
 - Reduce effort and time required to record data in EHR
 - Reduce effort and time required to meet regulatory reporting requirements
 - Improve functionality and intuitiveness (ease of use) of HER
 - Require US Department of Health and Human Services and Office of the National Coordinator to improve interoperability
 - Drive patient, clinician, and payer access to clinical data by advancing proposals related to application programming interfaces (APIs)
 - Reduce Information Blocking
 - Increase data exchange between and among the more than 10 regional health information exchanges (Trusted Exchange Framework and Common Agreement)

<https://www.healthit.gov/sites/default/files/page/2018-11/Draft%20Strategy%20on%20Reducing%20Regulatory%20and%20Administrative%20Burden%20Relating.pdf>

CMS

- Patients over Paperwork
 - Reduce administrative burden to increase time for patient safety and high quality care
 - Simplify documentation requirements
 - Decrease complexity and burden of hospital reporting
 - Coding and documentation requirements for Medicare or Medicaid payment
 - Prior authorization procedures
 - Policies and requirements for rural providers, clinicians, and beneficiaries
 - Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
 - Improve beneficiary experience
 - Implement MACRA
 - Make Meaningful Measure

<https://www.cms.gov/about-cms/story-page/patients-over-paperwork.html>

OFFICE OF THE NATIONAL COORDINATOR

- Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs
 - Required by 21st Century Cures Act
 - Clinical Documentation
 - Reduce burden
 - Adopt best practices related to documentation requirements
 - Leverage HIT and standardized data
 - Health IT Usability and Use Experience
 - Improve usability and alignment with workflow, improve decision making
 - Promote use interface optimization
 - EHR Reporting
 - Address program reporting
 - Leveraging functionality to reduce burden
 - Public Health Reporting
 - Increase adoption of ePrescribing for controlled substances
 - Inventory reporting requirements to reduce collection burden

<https://www.healthit.gov/sites/default/files/page/2018-11/Draft%20Strategy%20on%20Reducing%20Regulatory%20and%20Administrative%20Burden%20Relating.pdf>

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SOME EXAMPLES

- We do know about scribes, but...
- Hawaii Pacific Health – “Getting Rid of Stupid Stuff”
 - Documentation that was never meant to occur
 - Documentation that was necessary but could be completed in a more efficient manner
 - Documentation that was required but could be completed more efficiently.
- University of Colorado Health – Optimization Sprints
 - Intensive team based intervention
 - Rethinking training to use functions efficiently
 - Redesigning multidisciplinary workflows and documentation
 - Building new tools

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WHAT HAS BEEN YOUR
EXPERIENCE WITH
DOCUMENTATION BURDEN?

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