


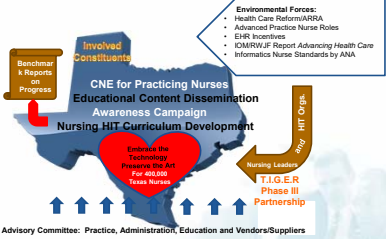


Moral Distress with Burden of Documentation: A Call to Action

Susan McBride, Ph.D., RN-BC, CPHIMS, FAAN
Texas Tech University Health Sciences Center



Statewide Study Nurses Experience Using their EHRs



Environmental Forces:


- Health Care Reform/ACA
- Advanced Practice Nurse Roles
- EHR Incentives
- ICMRW/JF Report Advancing Health Care Informatics Nurse Standards by ANA

Involved Constituents:

- Benchmark Reports on Progress
- CNE for Practicing Nurses
- Educational Content Dissemination
- Awareness Campaign
- Nursing HIT Curriculum Development
- Contract the Technology Presenters for 400 For 400 Teach Nurses
- HIT Orgs
- Nursing Leaders
- T.I.G.E.R. Phase III Partnership

Advisory Committee: Practice, Administration, Education and Vendors/Suppliers


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Conflict of Interest

Susan McBride, Ph.D., RN-BC, CPHIMS, FAAN

Has no real or apparent conflicts of interest to report.




Texas Statewide Study Background

Clinical Information Systems Implementation Evaluation Scale (CISIES) Survey*

1. Launched September 23, 2014, statewide
2. Over sampled rural hospitals in an effort to ensure representation
3. Over 1,000 responses received
 - o Included a newly-developed** EHR "maturity-index"


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* = Gugerty, B.
** = McBride, S. & Tietze, M.



Learning Objectives

- Explore the concept of burden of documentation within the 21st Century Cures Act in terms of usability challenges with certified Electronic Health Records and other point of care technology impacting clinical teams
- Examine issues related to burden of documentation and research indicating these challenges are resulting in clinician burnout and moral distress
- Discuss Texas efforts under the TNA-TONE HIT Committee to improve usability and clinician satisfaction of EHRs
- Discuss 2015 Texas study and the follow-up study scheduled for Fall 2019



Research Questions

- What are key issues with the current deployment of the electronic health record in the practice setting?
 - o What is the relationship between health setting characteristics and the nurses' perceptions of their CIS/EHR?
 - o What is the relationship between the nurses' characteristics and the nurses' perceptions of their CIS/EHR?
 - o What is the relationship between CIS characteristics and the nurses' perceptions of their CIS/EHR?
- What are the related core HIT competencies that could be covered in nursing education?

First page of the TNA/TONE statewide online survey

Statewide Survey Assessing the Experience of Nurses with their Clinical Information System

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DEMOGRAPHIC INFORMATION INSTRUMENT PART A

1. How long have you worked at your current institution?

2. How long have you worked at your current institution?

3. How long have you worked at your current institution?

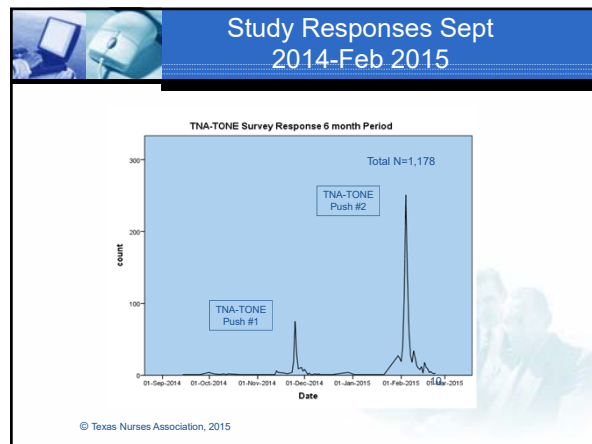
4. How long have you worked at your current institution?

5. How long have you worked at your current institution?

6. How long have you worked at your current institution?

7. How long have you worked at your current institution?

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Demographic Information for EHR Functionality (5 of 24 items)

TEXAS NURSES ASSOCIATION

TONE

Meaningful Use Maturity Index for Nursing

Statewide Survey Assessing the Experience of Nurses with their Clinical Information System

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DEMOGRAPHIC INFORMATION INSTRUMENT PART B

In my facility, the Electronic Health Record (EHR) Present and used Present and not used Not present I don't know

1. Includes a computerized provider order system for directly entering medication orders

2. Includes alerts when a medication order results in a possible drug-drug interaction

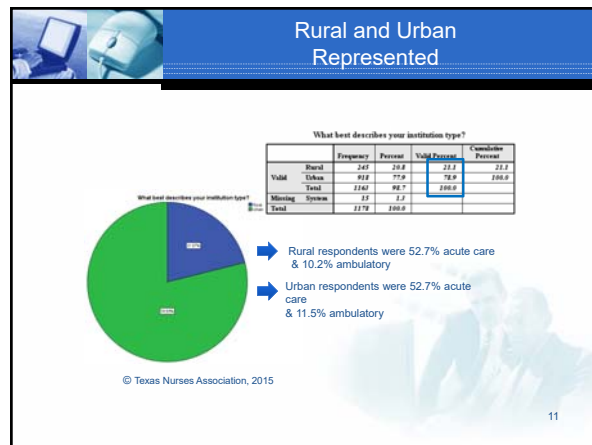
3. Includes alerts when a medication order results in a possible drug-allergy interaction

4. Captures and displays demographic data

5. Provides an active list of patient problems and diagnoses

(*McBride & Tietze, 2015)

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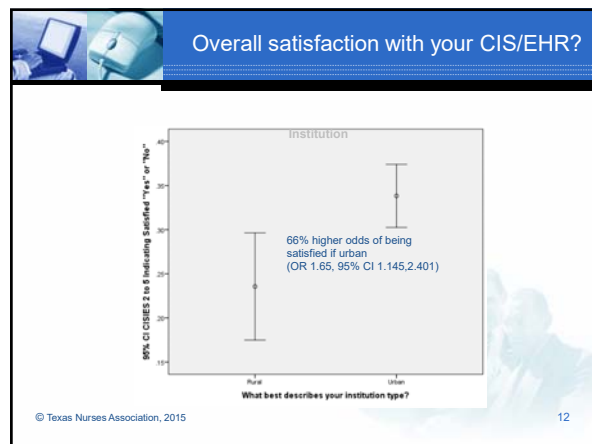
Clinical Information System Implementation Evaluation Scale

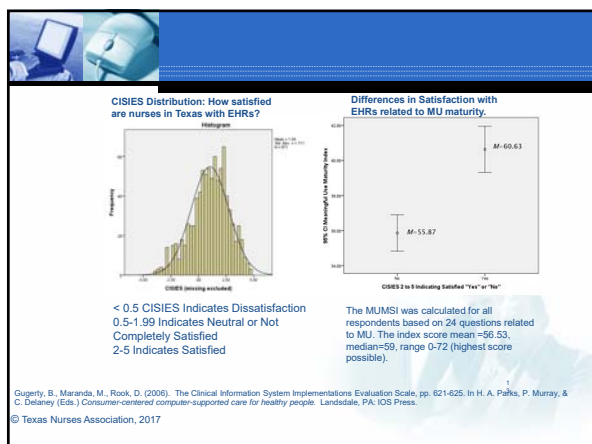
Please respond to the following questions:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
01. Overall, I prefer using the system than the old way of doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02. I am depend on the accuracy of the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03. The training I received was adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04. I feel confident in my ability to assist others in using the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. Adequate resources were available when I was learning to use the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06. I feel the use of the system has improved the quality of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. The use of the system reduces errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08. The system is more efficient than the old way of doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09. The system has improved my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The system allows me to spend more time on other aspects of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

© Gurgerty, B.

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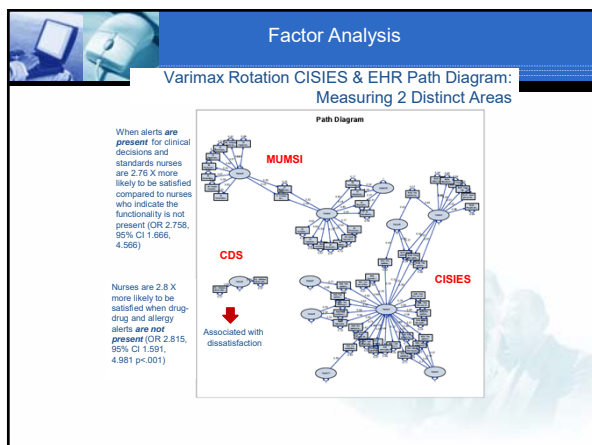


Text Analysis from Texas EHR Study

Major and Minor Themes

- System design/usability
 - Interoperability
- Patient safety and quality
 - Documentation/legality
- Time
 - Nurse-patient time reduced/inefficient
- Support
 - IT, administrative, competency
- Workflow
 - Med administration, work-arounds
- Distress
 - Aggravation, voice not heard
- Communication
 - Reduced consultation among clinicians

Mellick, S., Tzeta, M., Hanley, M. A., & Thomas, L. (2017). *Statewide study to assess resident experiences with meaningful use-related electronic health records*. *Clin Computers, Informatics, Nursing*, 33(1), 19-28.



Evidence-Based Approach: Relationship Between Survey Factors and Potential Action Items

Theme	Potential Action Items/Interventions
System design/usability	Utilize satisfied characteristics to improve dissatisfied & utilize dissatisfied characteristics to inform improvement strategy
Patient safety and quality/legality	Integrate with relationship to design/usability
Time: away from patient care	Focus groups exploring clinician-based solutions
Time: inefficiency	Focus groups exploring designer-based solutions (vendor and IT implementation)
Support	Assess/deploy needed resource support throughout organization
Workflow	Institute leadership-adopting a culture of improvement related to health IT
Distress	Provide collegial approach, interprofessional solutions and openly monitor progress
Communication	Emphasize open, consistent, throughout organization

- ### Open Ended Question Text Analysis
- In addition to completing the CISIES and demographic surveys, respondents were asked to provide feedback regarding the survey and to make additional comments about issues they considered important regarding the use of clinical information systems in their institutions.
 - The question participants were asked to respond to was:
 - "We are interested in your feedback and anything we might not have covered, please provide any additional information you care to provide."
 - Of the surveys completed, 352 respondents provided free text or narrative responses.

A call to action: "the quadruple aim": Health and Well-being of the Clinical Team

*"The joy of practicing medicine is gone."
 "I hate being a doctor... I can't wait to get out."*

"I can't tell you how defeated I feel... The feeling of being punished for delivering good care is nerve-racking."

"I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist."


From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider
 Thomas Bodenheimer, MD¹ and Christine Sinsky, MD^{2,3}

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Abstract

The Triple Aim—improving patient experience, promoting population health, and reducing costs—is widely accepted as a compass to guide health system performance. But physicians and other members of the health care workforce report unmet needs for professional satisfaction, burnout, and work-life balance. Beyond this, the Triple Aim is incomplete. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576.





TNA-TONE Statewide EHR Study 1,174 nurses responded... Indicating we have work to do!

Example of what nurses are telling us:

"Yes, the documentation of 'quality standards' has greatly improved, but patient care and patient safety has not. In fact nurses have to enter false information sometimes and work around the system (I use vendor X, Y and Z) and all have similar issues. I know first hand of 2 sentinel events caused by the systems (X and Y). Also systems audits are being used to evaluate and discipline nurses, this is a big ethical issue as nurses are charting stuff for the wrong reasons.....creating a conflict of interest"

"We are interested in your feedback and anything we might not have covered, please provide any additional information you care to provide." Of the 1,174 surveys completed, 352 respondents provided free text or narrative responses.


Ethical Decision Making Process

- Ethical decision-making refers to the process of evaluating and choosing among alternatives in a manner consistent with ethical principles. In making ethical decisions, it is necessary to perceive and eliminate unethical options and select the best ethical alternative.
- The process of making ethical decisions requires:
 - Commitment:** The desire to do the right thing regardless of the cost
 - Consciousness:** The awareness to act consistently and apply moral convictions to daily behavior
 - Competency:** The ability to collect and evaluate information, develop alternatives, and foresee potential consequences and risks

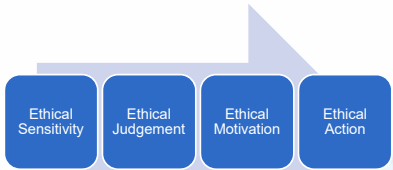
<https://blink.ucsf.edu/finance/accountability/ethics/process.html>



Texas Tool Kit to Address the Issues

Examining a Case Study using the Four Component




Moral intent reflects an individual's degree of commitment to a moral course of action

Rest, J. R. (1986). Moral development: Advances in research and theory. New York: Praeger. Retrieved from <http://catalog.hathitrust.org/Record/000441705>




Sample of Content in Tool Kit

- Ethical, Regulatory and Legal Implications to Nurses Use of EHRs
- OJIN Manuscript
- Case study on Ethical Decision Making
- Four Component Model
- Instructions on how practice and academics can use the materials to foster competency development in ethical decision making while using Health IT



Code of Ethics, Nursing Scope and Standards and Legal Implications

- The *Scope and Standards of Nursing Practice* (ANA, 2015) establishes the standard of practice for registered nurses in the United States, noting:
 - "Nurses must document relevant data accurately and in a manner accessible to the interprofessional team" (ANA, 2015, p. 54).
 - Documentation in the nursing record must follow principles of "factuality, accuracy, completeness, timeliness, organization, and compliance" (ANA, 2015, p. 270).
 - Documentation must be clear and accurate to provide a basis for the contribution of nurses to patient outcomes and the viability of healthcare organizations (ANA, 2015).



2019 TNA-TONE HIT Study Research Questions


- What are key issues with the current deployment of the electronic health record in the practice setting?
- What is the relationship between health setting characteristics and the nurses' perceptions of their CIS?
- What is the relationship between the nurses' characteristics and the nurses' perceptions of their CIS?
- What is the relationship between CIS characteristics and the nurses' perceptions of their CIS?
- What are the related core HIT competencies that should be covered in nursing education?
- What have been the changes in the demographics, MUMSI, and CISIES since the previous 2015 study?
- What have been the changes in the qualitative data themes since the previous 2015 study?



A Call to Action to Balance Practice and Technology

- Healthcare organizations must have structures in place at the unit, management, and administrative levels to facilitate effective use of EHRs in nursing practice.
- Culture of Safety coupled with High Reliability Organizations (AHRQ, 2017)
 - Non-punitive environment committed to safety at all levels
 - Nurse managers and executives have a particular obligation to ensure that direct care nurses are empowered to identify and engage in ethical situations associated with EHRs.
- Interprofessional ethical imperative to:
 - Address EHR usability issues and related ethical considerations that result in clinical teams experiencing moral distress
- Competency development across the interprofessional team

AHRQ, 2017. Culture of Safety. Retrieved from <https://psnet.ahrq.gov/primer/primer/5>



Questions

Questions to Consider:

1. What should a call to action look like?
2. Any considerations/ideas for Tools in the Toolkit?
3. Are the National strategies on target to address the challenges with end user satisfaction?
4. If not, why not and what else can be done?

Contact Information:
 Susan McBride, Ph.D., RN-BC, CPHIMS, FAAN
 Professor and Program Director Masters and Post Masters Nursing Informatics
 Texas Tech University Health Sciences Center
 School of Nursing
 Lubbock, Texas
susan.mcbride@ttuhsc.edu
<http://linkedin.com/in/susan-mcbride-65196011>
 @suecbride_01