ROLE OF THE PROVIDER INFORMATICIST IN REDUCING PROVIDER BURDEN AND BURNOUT WITH ELECTRONIC HEALTH RECORD DOCUMENTATION

Summer Institute of Nursing Informatics
July 18, 2019

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LITERATURE REVIEW

OBJECTIVES

- Describe factors contributing to Provider EHR Burnout
- Identify Usability challenges Providers face in maintaining EHR proficiency
- List actions institutions can take to reduce Provider EHR burnout
- Describe the role of the Provider Informaticist in reducing Provider EHR burnout

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PROVIDER BURNOUT RELATED TO BURDENSOME DOCUMENTATION

Time spent searching EHR
- To retrieve useful, relevant, trustworthy information
- During and across encounters

Documentation to address
- Regulatory, billing and compliance needs
- Administrative and reporting needs
- Prevent litigation or justify treatment approach

Longer work hours
- Logging in from home to prepare/complete charts
- Responding to patient queries made via the patient portal

(Toll, 2019; Tutty et al., 2019)

WHAT IS BURNOUT?

Burnout is defined as *"exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration"* (Merriam Webster)

BURNOUT RELATED TO EHR USABILITY/MAINTAINING PROFICIENCY

- Frequent software updates – Where did that field go?
- Redundant data fields – Why am I documenting this information again?
- Sub-optimal design/location of data fields – Non-Intuitive/non-clinical flow of documentation
- Screens created to support regulatory and insurance requirements
- Numerous alerts/Overstimulation – Alert fatigue
- Required fields that prevent the provider from completing documentation
- Standardization/One size does not fit all types of Providers and clinical practice
- Note Bloat – Copy/Paste; Carry Forward

(Ehrenfeld & Wanderer, 2018; Tutty et al.,2019; Wachter & Howell, 2018; Wagner & Pokieser, 2016)

PROVIDER EHR BURNOUT – SEQUELAE

Providers
- More time spent with EHR, less time spent with patient
- More after hours with EHR, without monetary compensation
- Impact to work-life balance
- Increased stress and daily frustration with EHR
- Increased turnover/leaving the profession earlier

Patients
- Impacts Satisfaction – provider distraction, less time spent with patient, missing non-verbal patient cues
- Impacts Safety – excessive alerts resulting in overlooking important alerts, pertinent patient information buried in EHR

(Ehrenfeld & Wanderer, 2018; Gardner et al, 2019; Robinson et al., 2017; Tutty et al., 2019; Wagner & Pokieser, 2016)

THE PROVIDER INFORMATICST

WHO WE ARE

WHAT WE DO

HOW WE DO IT

HOW TO ADDRESS THE BURNOUT

On-Going Institutional Support

Scribes, Trained Medical Assistants – to assist in documentation

Robust Voice Recognition Software - for dictation and transcription

IT staff and Clinical Informaticists – to coach and troubleshoot

Champions/ Superusers - to advocate and support

(Cresswell et al., 2017; Kadish et al., 2018; Siwicki, 2019; Toll, 2019; Tutty, 2019)

PROVIDER INFORMATICS TEAM – WHO WE ARE

Experience
- Three Registered Nurses
- Certified Nurse Informaticists
- 21-23 years each of Clinical Informatics Experience

Location
- Centrally located in Main Hospital Hallway
- Easily Accessible
- Providers can call, text or drop in the office

Structure
- Office hours M-F 7am - 4:30pm.
- On-Call 24/7 phone support.

HOW TO ADDRESS THE BURNOUT

Encourage restorative time/Freeing up Provider

Health IT Vendors focus on Interoperability and sharing information

Build EHR screens that are intuitive and follow clinical thought process/workflow. Reduce duplication

Advocate for legislation and administration to decouple documentation from reimbursement

Engage patient in documentation

(Cresswell et al., 2017; Kadish et al., 2018; Siwicki, 2019; Toll, 2019; Tutty, 2019)

PROVIDER INFORMATICS TEAM – WHAT WE DO & HOW

Initial EHR On-boarding
- Training that mimics provider's unique workflow
- Setup of all tools required to be successful
- Personalization/customization of hyperspace

Continuous and Personalized Support
- Elbow-to-Elbow Support
- 24/7 on-call support
- Rounding, talking to end users
- Covering go-lives and enhancements
- One-on-one optimizing workflows, personalization sessions
- Constructive feedback and re-education/course correction

(Cresswell et al., 2017; Kadish et al., 2018; Siwicki, 2019;Yuan et al., 2015)

PROVIDER INFORMATICS TEAM – WHAT WE DO & HOW PROVIDER CHAMPIONS/ADVOCATES

Be the "Provider Voice"

- Provider representative on multi-disciplinary EHR initiatives
- Voicing how a proposed change will impact the provider
- Managing Provider EHR support requests through resolution
- Identifying and eliminating barriers/obstacles to EHR use

Building trust by:

- Knowing who they are
- Understanding/responding to their needs
- Demonstrating clinical and informatics proficiency

(Cresswell et al., 2017; Yuan et al., 2015)

PROVIDER INFORMATICS TEAM – WHAT WE DO PROMOTE OPTIMAL EHR USABILITY

Testing and Disseminating new Functionality

- Participating in Monthly Release Cycle and Upgrade Testing
- Regularly presenting changes and impact of change at various medical staff meetings

Project Liaison/Project Manager

- Leading multi-disciplinary informatics and/or clinical initiatives
- Building reports to analyze trends, measure success and identify areas for improvement

(Cresswell et al., 2017; Siwicki, 2019; Yuan et al., 2015)

PROVIDER INFORMATICS TEAM – WHAT WE DO ADDRESS BURDENSOME DOCUMENTATION

Releasing Provider to Devote more time for Clinical Care

- Proactively offering assistance
- Investigating/troubleshooting reported EHR Issues
- Entering robust tickets with relevant screenshots
- Collaborating with builder/analyst to resolve tickets
- Analyzing Patient Safety Events and developing/executing remediation plan

(Cresswell et al., 2017; Yuan et al., 2015)

PROVIDER TESTIMONIALS

I have found the Provider informatics Team *to be an invaluable resource not only for when problems with our EHR arise, but in answering questions I may encounter in the day-to-day use of PennChart in patient care. Their tips have helped me save time, streamline workflow, and improve patient care. It's good to know that they are on-site and always only a phone-call away*

Many thanks to you for your help today. I was very much a fish-out-of-water when I came to see you with my logon problem, but you nailed it!

I was having a nervous break-down half an hour ago.

I have almost never found the EMR to be burdensome.
my mantra is that "I control the EMR, the EMR does not control me"
that being said, The team is able to respond to our EMR needs in a very timely fashion, usually within an hour and often times within a few minutes. The team has shown us many shortcuts and helped us build many shortcuts as well.

PROVIDER INFORMATICS TEAM – WHAT WE DO ADDRESS BURDENSOME DOCUMENTATION

Provider Engagement

- Engaging provider participation for clinical EHR decisions
- Explaining the rationale behind a particular EHR build
- Re-educating providers on problematic EHR workflows
- Participating in medical staff huddles and meetings

(Cresswell et al., 2017; Yuan et al., 2015)

PROVIDER TESTIMONIALS

Education and ability of providers to streamline processes helps with their satisfaction and potentially in patient quality of care. I know firsthand, and can attest that having in-house, shoulder length clinical informatics team has helped our hospitalists team improve their efficiency and more importantly quality of life.

You made my IT troubles last week a very pleasant experience. I appreciate all the work you guys do for me.

Centralized help desk and support does have some of its own efficiencies, but it lacks the perspective, and understanding that a local expert has. Local IT clinical informatics here has been integrated in our fabric of health care delivery and understands the "bed side" issues and needs. This has the value add of finding our problems earlier, help with solutions faster, whilst being able to support clinicians in need in a way that they can understand and flourish.

QUESTIONS?

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THREE QUESTIONS

1. What challenges do your providers report to you when using the EHR
2. What actions does your institution take to reduce Provider EHR burnout
3. Does your institution have Provider Informaticists and what do they do to reduce Provider EHR burnout

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