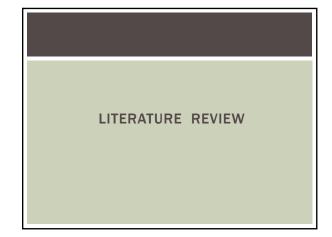
ROLE OF THE PROVIDER INFORMATICIST IN
REDUCING PROVIDER BURDEN AND BURNOUT
WITH ELECTRONIC HEALTH RECORD
DOCUMENTATION

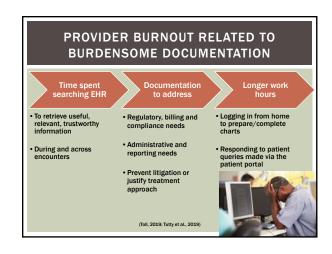
Summer Institute of Nursing Informatics
July 18, 2019

Athena Fernandes DNP, MSN, RN-BC;
Anne Satterthwaite, MSN, RN-BC;
Marie Kania, RN

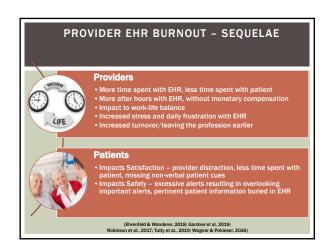
Penn Medicine – Chester County Hospital

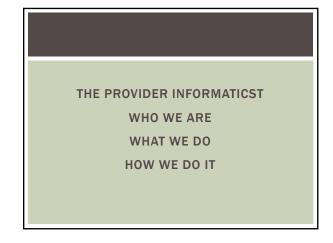


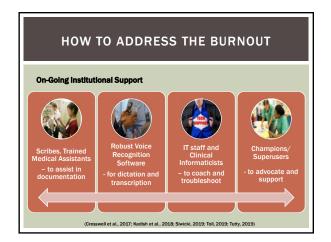
Describe factors contributing to Provider EHR Burnout Identify Usability challenges Providers face in maintaining EHR proficiency List actions institutions can take to reduce Provider EHR burnout Describe the role of the Provider Informaticist in reducing Provider EHR burnout

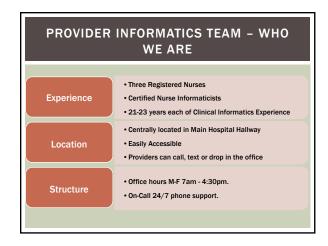


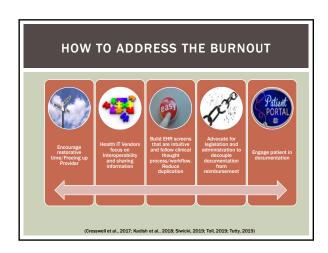
BURNOUT RELATED TO EHR USABILITY/ MAINTAINING PROFICIENCY Frequent software updates - Where did that field go? Redundant data fields - Why am I documenting this information again? Sub-optimal design/location of data fields - Non-Intuitive/non-clinical flow of documentation Screens created to support 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, 2015; Tutty et al. 2015; Wachter & Howell, 2018; Wagner & Pokieser, 2016)

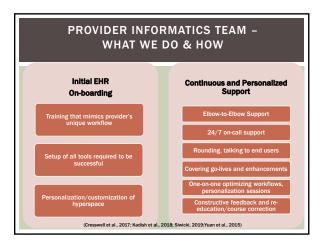












PROVIDER INFORMATICS TEAM -WHAT WE DO & HOW PROVIDER CHAMPIONS/ADVOCATES

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.



REFERENCES

Cresswell, K. M., Lee, L., Mozaffar, H., Williams, R., Sheikh, A., Robertson, A., ... Salema, N. (2017). Sustained User Engagement in Health Information Technology: The Long Road from Implementation to System Optimization of Computerized Physician Order Entry and Clinical Decision Support Systems for Prescribing in Hospitals in England. Health Services Research, 52(5), 1928–1957. https://doi.org/10.1111/1475-6773.12581

Ehrenfeld, J. M., & Wanderer, J. P. (2018). Technology as friend or foe? Do electronic health records increase burnout? *Current Opinion in Anesthesiology*, 31(3), 357–360.

Merriam Webster. (n.d.). Burnout. Retrieved from https://www.merriam-webster.com/dictionary/burnout

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

REFERENCES

Robertson, S. L., Robinson, M. D., & Reid, A. (2017). Electronic Health Record Effects on Work-Life Balance and Burnout Within the 13 Population Collaborative. Journal of Graduate Medical Education, 9(4), 479–484. https://doi.org/10.4300/IGME-D-16-00123.1

Siwicki, B. (2019). Can EHRs' contributions to physician burnout be cured? Mixing up training can help. Healthcare IT News. Retrieved from https://www.healthcareitnews.com/news/can-ehrs%E2%80%99-

Toll, E. T. (2019). The other office. Journal of The American Medical Informatics Association: JAMIA, 26(1), 71–75. https://doi.org/10.1093/jamia/ocy144

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REFERENCES

Tutty, M. A., Carlasare, L. E., Lloyd, S., & Sinsky, C. A. (2019). The complex case of EHRs: examining the factors impacting the EHR user experience. Journal of The American Medical Informatics Association: JAMIA.

https://doi.org/10.1093/jamia/ocz021

Wagner-Menghin, M, & Pokieser, P. (2016). Information technology and social sciences: how can health IT be used to support the health professional? Annals of New York Academy of Sciences, 1381(2016) 152–161. doi: 10.1111/nyas.13220

Yuan, C. T., Bradley, E. H., & Nembhard, I. M. (2015). A mixed methods study of how clinician "super users" influence others during the implementation of electronic health records. BMC Medical Informatics & Decision Making, 15(1), 1-10. https://doi.org/10.1186/s12911-015-0154-6