American Academy of Nursing Policy Dialogue

More Than Documentation Burden Creating Burnout: What Systems Must do to Achieve Safe, Efficient Patient Care Using Technology

Hosted by the Informatics & Technology Expert Panel, in collaboration with the Expert Panels on Acute & Critical Care, Quality Health Care, Bioethics, and Building Health Care System Excellence

More Than Documentation Burden Creating Burnout: What Systems Must do to Achieve Safe, Efficient Patient Care Using Technology

Dialogue Occurred

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INTRODUCTION

In April 2023, the American Academy of Nursing (Academy) hosted a policy dialogue on "More Than Documentation Burden Creating Burnout: What Systems Must do to Achieve Safe, Efficient Patient Care Using Technology." The Academy's Informatics & Technology Expert Panel, in collaboration with the Expert Panels on Acute & Critical Care, Quality Health Care, Bioethics, and Building Health Care System Excellence, convened this dialogue to discuss policy issues associated with the documentation burden for nurses. This policy dialogue provided participants the opportunity to hear from leading experts in health informatics and explore the underlying issues surrounding burnout, distress, and documentation burden, specifically relating to how technological stress impacts clinicians. Participants in this dialogue explored the critical policy implications related to these issues and how the profession can address them.

This document contains highlights of the event, including:
- Summaries of the main session guest speaker content and breakout discussions;
- Key take-aways; and
- Recommendations to leverage nursing in promoting actions, interventions, and systemic changes needed to support nurses and the delivery of safe patient care.

ABOUT THE AMERICAN ACADEMY OF NURSING

The American Academy of Nursing serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 3,000 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

Expert Panels are one of the major forces within the Academy for developing new knowledge to transform health policy. Through consensus building and collaboration, Academy Expert Panels advance evidence-based solutions to the most complex health care challenges. By hosting Policy Dialogues, Expert Panels lead engaging discussions to further enhance awareness and develop policy proposals that work to achieve the Academy's vision of healthy lives for all people.
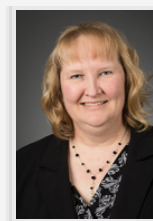
Featured Speakers

Vicky L. Tiase

PhD, RN-BC, FAMIA, FNAP, FAAN
Strategic Director for Digital Health and Assistant Professor of Biomedical Informatics
University of Utah

Mari Tietze

PhD, RN-BC, FHIMSS, FAAN
Myrna R. Pickard Endowed Professor
University of Texas at Arlington College of Nursing and Health Innovation

Steph Hoelscher

DNP, RN-BC, CPHIMS, CHISP, FHIMSS
Associate Professor of Graduate Informatics
Texas Tech University Health Sciences Center

Jess Dillard-Wright

 PhD, MA, RN, CNM
Assistant Professor
University of Massachusetts Amherst Elaine Marieb College of Nursing

Allison A. Norful

PhD, RN, ANP-BC, FAAN
Assistant Professor
Columbia University School of Nursing

Main Session Summary

Vicky L. Tiase
PhD, RN-BC, FAMIA, FNAP, FAAN
Strategic Director for Digital Health and Assistant Professor of Biomedical Informatics,
University of Utah

Dr. Tiase is the Strategic Director for Digital Health and Assistant Professor of Biomedical Informatics at the University of Utah. Most recently, she was the Director of Research Science and Informatics Strategy at NewYork-Presbyterian Hospital and Assistant Professor of Health Informatics at Weill Cornell Medicine. Her expertise ranges from leading Electronic Health Record (EHR) implementations, leveraging patient-generated health data, to mentoring digital health startups. Dr. Tiase was appointed as the informatics expert to the National Academy of Medicine's Future of Nursing 2030 Committee to envision the nurse's role in using technology to tackle disparities, promote health equity, and create healthier communities. Currently, she serves as an American Medical Informatics Association (AMIA) 25x5 Task Force Workstream Lead focusing on policy and advocacy related to reducing documentation burden.

In her remarks, Dr. Tiase discussed the crisis of documentation burden as well as national initiatives dedicated to tackling this issue. She shared efforts at the federal level designed to address documentation burden, including the Center for Medicare and Medicaid Services' Office of Burden Reduction and Health Informatics (OBRHI). OBHRI has led several successful efforts including reducing certain reporting measures and a focus on simplifying prior authorizations. Additionally, in May 2022, the Office of the Surgeon General released an advisory on burnout among health workers, which included a call to action with steps for stakeholders to act quickly to address factors contributing to burnout, including documentation burden. Other initiatives Dr. Tiase highlighted are the AMIA 25X5 Task Force, which aims to reduce documentation to 25% of current levels by 2025, and the Healthcare Information and Management Systems Society (HIMSS)'s Electronic Health Record Association (EHRA) that strives to educate policymakers on how EHRs can best be leveraged to improve the patient experience and reduce burden on clinicians. Furthermore, the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience has explored the issue of documentation burden on clinicians and released a plan with priority areas including engaging with effective technology tools. Finally, Dr. Tiase highlighted the Reducing Clinician Burden Project by Health Level Seven (HL7)'s Electronic Health Record Work Group as an initiative to reduce documentation burden through interoperability.

Mari Tietze
PhD, RN-BC, FHIMSS, FAAN
Myrna R. Pickard Endowed Professor, *University of Texas at Arlington College of Nursing and Health Innovation*

Dr. Tietze is the Myrna R. Pickard Endowed Professor at the University of Texas at Arlington (UTA) College of Nursing and Health Innovation. In that role, she is the Affiliate, representing nursing, to the UTA Multi-Interprofessional Center for Health Informatics, a collaboration among numerous health informaticists. Dr. Tietze was also co-investigator in two Texas-wide multi-method studies to examine over 1,000 nurses' experiences using their electronic health records (EHRs) and she is co-author of the 3-time *American Journal of Nursing* Book of the Year, *Nursing Informatics for the Advanced Practice Nurse: Patient Safety, Quality, Outcomes, and Interprofessionalism*.

In her remarks, Dr. Tietze discussed statewide studies of nurses and their experiences using EHRs. Dr. Tietze discussed a study that began in 2009 from the Texas Nurses Association aiming to monitor the impact of technology on nursing practice. While working on this study, tools were created to measure the functionality of the technology and user satisfaction. In 2015, 2020, and 2022, studies were underway to monitor nurses' experiences with EHRs. The most consistent observation from the studies was that functional maturity of the EHR was associated with user satisfaction. Magnet hospitals in particular, showed higher user satisfaction rates compared with non-Magnet hospitals. These results indicated that settings where nurses' input is considered in hospital policies and technology procedures have higher reported user satisfaction. Additionally, Dr. Tietze discussed the qualitative data the studies collected based on nurses' responses to questions on their experience. Major themes of the qualitative data included: information system design, professional ethics, patient care, quality, standards, and organizational culture/social justice. The stress impact for nurses was clear in their experiences when nurses were dissatisfied with their EHRs. Dr. Tietze concluded by calling for compassionomics[1] as a mitigator for burnout. Dr. Tietze defined compassionomics as compassion in action. This leads to a workplace culture that is linked to less burnout, greater teamwork, and higher job satisfaction.

> **Compassionomics:** the convergence of the art of compassion and science of care; used as a mitigator for burnout

Steph Hoelscher

DNP, RN-BC, CPHIMS, CHISP, FHIMSS
Associate Professor of Graduate Informatics, *Texas Tech University Health Sciences Center*

Dr. Hoelscher is an Associate Professor of Graduate Informatics with Texas Tech University Health Sciences Center. Dr. Hoelscher has almost 30 years of experience in oncology, trauma, and informatics. Her informatics areas of expertise include EHR workflow optimization, infectious disease clinical decision support, using artificial intelligence in academia, and reducing clinician documentation burden. She currently serves on the HIMSS Nursing Informatics Networking and Education Task Force and is the chair of the American Nursing Informatics Association (ANIA) Social Media Committee. Dr. Hoelscher is the principal investigator for the ongoing national ANIA/Alliance for Nursing Informatics (ANI) study entitled *Nursing Documentation: Reducing Burden in a Time of Crisis.*

In her remarks, Dr. Hoelscher discussed ongoing national studies on crisis documentation, notably highlighting the aforementioned AMIA 25x5, as well as the American Nursing Informatics Association (ANIA)/Alliance for Nursing Informatics (ANI)-supported national study dedicated to investigating the onerous nature of nursing documentation in times of crisis. She emphasized the enduring nature of documentation burden and that it has persisted throughout the transition from traditional paper-based to the current state of electronic systems. Dr. Hoelscher cited increasingly heavy regulatory and organizational requirements as a primary contributor to documentation

> **What is essential to document? How do we focus on those elements to reduce burden and burnout?**

workload and discussed widely acknowledged adages such as "we did it to ourselves" and "if it isn't documented, it isn't done" among nursing. She challenged nurses and organizational leaders to consider if those adages should hold true for the envisioned future of nursing documentation, including reevaluating data entry and documentation policy. Dr. Hoelscher discussed the Joint Commission's guidance to health care leaders during the early days of the COVID-19 pandemic to consider what is essential to document and focus only on those elements. Moving forward, other crises beyond pandemics, such as environmental disasters and staff shortages, will bring these questions into focus for an all-hazards approach to documentation.

Jess Dillard-Wright

PhD, MA, RN, CNM
Assistant Professor, *University of Massachusetts Amherst Elaine Marieb College of Nursing*

Dr. Dillard-Wright is an Assistant Professor at the University of Massachusetts Amherst Elaine Marieb College of Nursing. She/they are an affiliate of the University of Massachusetts Institute for Applied Life Sciences Center for Personalized Health Monitoring, co-leading the ethics arm of a collaborative research thrust, Health Tech for the People. She/they are also a 2023 Public Interest Technology (PIT@UMass) fellow working with a team of transdisciplinary collaborators in thinking about communicating complex ideas, the use of black-boxed technologies in/as health care and for health, and new material/care ethics in accountable and community-focused ways. In addition, Dr. Dillard-Wright is co-editor of *Nursing a Radical Imagination: From History and Theory to Action and Alternate Futures*, Routledge 2022.

In her/their remarks, Dr. Dillard-Wright discussed the ethical and historical considerations of technology's impact. Drawing from historical literature, burnout in nursing has been discussed since at least the 1970s. While nursing shortages have been cyclical, burnout has been well documented

throughout the 20th and 21st centuries. Taken together, this suggests that crisis operations are the norm rather than an anomaly for nursing. To truly resolve burnout, it is necessary to attend to the shifting realities of nursing to address what is really causing burnout.

> "Health care is rife with a reality in which staffing will never be adequate, pay will not keep pace with inflation, nurses will not be valued for their work, and some individuals will always be excluded from care in the name of shareholder profits."
> Jess Dillard-Wright

Addressing the underlying causes and economic trends that shape workforce realities is key to building better futures, Dr. Dillard-Wright emphasized. While technological solutions are often framed as improving nurse efficiency, at every turn technologies present hidden expenses and unaccounted burden that come with the adoption of technologies. Technological solutions also involve other expenses. Deployed without regard to realities of labor and power, technologies not only fail to resolve burnout and potentially add to the invisible workload of nurses, but can also amplify oppression, exclusion, and the harms that result from exclusion. Dr. Dillard-Wright emphasized that documentation burden is a longstanding problem and there will not be instant solutions; rather, this complex problem will require nuanced exploration with critical perspectives and historical considerations to help guide future solutions with an eye toward equity.

Allison A. Norful   PhD, RN, ANP-BC, FAAN
Assistant Professor, *Columbia University School of Nursing*

Dr. Norful is an Assistant Professor at the Columbia University School of Nursing. After completing a postdoctoral fellowship at the Columbia University Irving Medical Center (CUIMC) Irving Institute for Clinical and Translational Research, Dr. Norful joined Columbia Nursing's faculty with a joint appointment as a clinical nurse scientist across the NewYork-Presbyterian Hospital enterprise. Dr. Norful has increasingly been recognized as a leading international researcher investigating the influence of nursing and Nurse Practitioner work environment factors on clinician health outcomes including physiologic stress, burnout, workforce turnover, and suicide. She is the developer of several instruments including the *Provider Co-Management Index*, now being used across 5 countries in both research and clinical settings.

In her remarks, Dr. Norful discussed systems-level solutions addressing documentation burden and clinician well-being. She shared the National Academy of Medicine's work on factors affecting clinician well-being and resilience, which include external and individual factors. There are several external organizational factors that could be changed through policy to encourage clinician well-being through reduced documentation burnout. For example, there is a need for organizations to evaluate their documentation practices on an ongoing basis to ensure they are aligned with current workflow needs. Additionally, transparency in goals is important for nurses to feel that their contributions to patient care are being captured. Dr. Norful further shared that there has been a lack of surveillance and research into levels of workforce wellbeing, which should be improved. Tracking stress in nursing staff can help address burnout before it occurs, since stress is a precursor to burnout. An innovative approach that NewYork-Presbyterian Hospital is testing includes virtual admissions and discharges to reduce the documentation workload for bedside nurses. Preliminary results show improvements in staff and patient satisfaction.

Dr. Norful encouraged nurse leaders to continue to monitor burnout and engage in innovative strategies to combat the underlying causes. Finally, Dr. Norful discussed team-based care and the current technologies that facilitate this type of workflow. In-person and telephone interactions among health care teams were associated with reduced burnout and increased satisfaction, while communication via messaging in the EHR was not. There is a need to further explore how team dynamics can either contribute to or help mitigate stress and burnout.

Breakout Sessions

To facilitate open dialogue, participants joined four separate breakout panel discussions on different themes explored by the guest speakers. The discussions were centered on solutions to address clinician burnout related to technological stress from various levels, local and organizational; state; and national-level solutions.

Local and Organizational Level Solutions

Virtual nursing, in which out-of-state registered nurses work virtually at an offsite location, has been implemented to assist with patient intake and admissions in medical-surgical units to increase workforce capacity of those units. This has led to reduced burnout for the staff nurses who are now able to focus on other aspects of in-person patient care.

The Gubernatorial Executive Order that New York State implemented during the early stages of the COVID-19 pandemic relaxed documentation mandates and stated that no clinician would be at litigation risk on the basis of documentation. Nurses should encourage local health systems to work with their states to ensure that more of these supportive actions and legislation are enacted as reasonable and safe.

Nursing voices must be prioritized in decision-making related to documentation requirements. Nurses are often the first and only clinicians to bear the burden of increased documentation when new documentation requirements are put into place. Professional governance was highlighted as necessary moving forward. Nurses should be engaged and valued when decisions are made related to what is documented, when, and by whom. Part of this may include revisiting the clinical relevance of care planning.

State Level Solutions

There are numerous existing challenges in data sharing and continuity of care as people move across different settings, including across health systems and when transitioning from an acute care setting to a long-term care setting. For example, health information exchange should be improved to facilitate more streamlined documentation.

It is important to improve the training and preparation of nurses to work with EHR technology, particularly considering that most workplaces consist of a mix between digital natives and older generations that may not be as nimble in navigating technology.

Nursing's voice is important when working with interprofessional teams to communicate what is needed as documentation technologies and requirements are developed. While numerous studies focus on reducing the documentation burden for physicians[2], this topic should be explored from nursing's perspective as well.

National Level Solutions

Echoing the comments of those in other breakout rooms, participants emphasized that nurses must become more involved in the review, selection, and recommendations of what is included in documentation, including decisions regarding which aspects can be eliminated. The potential benefits and risks of increasing the use of generative artificial intelligence (AI) technologies to facilitate documentation to remove some of the burden from nurses should be weighed. AI has the power to enable nurses to be more present, both physically and mentally, with the patient during care. However, AI also poses the risk of making nurses overly dependent on technology to the point where they are not able to effectively document without it or understand the mechanisms behind their documentation. There are ethical considerations as well, with AI bringing surveillance into the patient's care and the nurse's work. Overall, the overarching goals for reform in documentation and the purpose of documentation should be considered when making national policies; including whether documentation is meant to capture what has been done in a patient's care, or rather what has been and what should be done through care planning to also capture nursing's unique contribution to patient care. While documentation has become increasingly visible due to heightened legal concerns, at its root, it should be a tool to help nurses as they provide high-quality patient care.

Key Takeaways

Critically Reflect on Documentation Requirements
The ever-increasing addition of tasks for nurses to document through the EHR contributes to high levels of stress and burnout. Critical reflection on the documentation needs and the delegation of that responsibility can mitigate nurse burnout and improve the quality of care given.

Amplify Nursing's Expertise in Decision-Making on Documentation
The COVID-19 pandemic highlighted nurses' integral role in the functionality and quality of health care. However, nurses are still rarely called on for their expertise during their organization's decision-making process resulting in shifts to their workload without the opportunity to inform system change. Nursing's expertise must be sought after as recommendations for documentation reforms are being made.

Encourage Innovation and Collaboration
Tackling health care providers' burnout from the documentation burden requires systematic changes to the delivery of care. Innovation, such as through AI, and human interface must be prioritized for developing ethical and effective solutions both at an organizational and institutional level.

Institutionalize Well-Being as a Long-Term Goal for Health Care Professionals
Burnout mitigation is not a one-size-fits-all all approach, and there is a need for precision in achieving wellness for patients while also supporting health care providers' health and well-being. By creating standards institutionally, well-being can become a long-term, sustainable goal.

Recommendations

1. Revisit and recommend improvements to regulatory (e.g., Centers for Medicare and Medicaid Services) and institutional requirements for required documentation.
2. Foster interoperability by innovating efficient applications of technology for information and data collection and sharing in daily operations across a range of health care settings.
3. Expand the institutional infrastructure and professional governance that prioritizes nurses' expertise and experience in the decision-making processes.
4. Advocate for nursing representatives in health care organizations to serve on committees that shape the operational development of nursing workflows.
5. Prioritize research and resources to monitor and support the well-being of clinicians across health care systems.
6. Explore the benefits that generative AI technologies may provide in reducing documentation burden while considering the ethical and privacy challenges that may also be present.

References

[1] The Schwartz Center. (2022, June 21). Compassionomics: The Case for Compassion. https://www.theschwartzcenter.org/webinar/compassionomics-the-case-for-compassion/

[2] McBride, S., Alexander, G. L., Baernholdt, M., Vugrin, M., & Epstein, B. (2023). Scoping review: Positive and negative impact of technology on clinicians. Nursing Outlook, 71(2), 101918. https://doi.org/10.1016/j.outlook.2023.101918

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