



Letter to the Editor

The burden of medical documentation: The need for a simplifying strategy



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Dear Editor,

Providing quality healthcare is mainly about the patient and his/her needs. In recent years, medical practitioners and surgeons in particular have been forced to shift their time and energy from what should be at the forefront of their attention, patient care; to a less exigent yet necessary burden; medical documentation. A surgeon can be overwhelmed with these documentation demands, which begs the question: is this really what a surgeon's vocation should entail? Is this worth detracting from valuable clinician-patient time?

Documentation has become an integral part of medical practice. In part these increased demands are attributed to the introduction of electronic medical records (EMRs), whose very purpose is in part to minimize the time spent on administrative tasks. These demands have become so extreme that every hour of patient care results in 30 minutes or more of documentation [1]. In some specialties that ratio is higher, such as in Emergency Medicine; the ratio is closer to 1:1. This amount of documentation may have detrimental effects, as it takes away from patient care, contributes to burnout, job dissatisfaction, and is a costly burden upon medical institutions.

It is no surprise that 30–38% of surgeons experience burnout, and that 38% scored high on the Emotional Exhaustion Dimension Scale [2]. Burnout has been associated not with caseload, but rather self-satisfaction, meaningfulness, and career reward [3]. The most frequently cited challenge by surgeons experiencing burnout was excessive documentation, which many surgeons find mundane and unfulfilling [4]. Due to the high levels of dissatisfaction attributed to these administrative tasks, the importance in minimizing the amount of documentation that essential positions must handle is paramount.

The laborious task of medical documentation also negatively affects the productivity of hospitals. From a cost-benefit perspective, surgeon time is more valuable when directly involved in patient care than administrative tasks. A study from 2017 found that when doctors were assisted with their documentation requirements by scribes, they were relieved of 5.1 hours per week of documentation. This in turn allowed surgeons to allocate their time more productively and generated an additional \$168,600/year [5].

The burden of administrative tasks upon surgeons can compromise

patient care as attention is divided between the patient and the documentation. Due to medical institutions often modifying their EMR, the surgeon's focus is diverted towards sorting out problems stemming from learning new software. The introduction of many different EMRs has increased the amount of work required of surgeons and often slow the speed at which clinicians can carry out the requisite clinical documentation and order entries.

The burden of documentation extends beyond increasing surgeon workload: it also limits quality and quantity of clinician-patient time and increases hospital costs. To solve this “documentation problem,” solutions must be holistic: innovation of technology, reevaluation of the process, and the addition of clinician extenders like scribes.

The process of documentation cannot simply rely on innovations in technology. Healthcare institutions must also do their part to improve the internal process of inputting EMR information. A logistical analysis by Harvard Business Review reports the potential to improve EMR workflow by an average of 20%, by simply removing repetitive or redundant steps within the process [6]. The preparation and staffing can be additionally optimized to enhance the workflow.

Relieving the burden of clerical tasks from surgeons altogether may be a solution to the unintended consequences caused by medical documentation. This can be done through the use of scribes to perform documentation. Hospitals that have added scribes found that documentation became more comprehensive while attending time freed-up [7]. Scribes notably do not detract from the quality of a patient's time spent at the hospital and are shown to have little interference in doctor-patient interactions [5]. The addition of scribes is beneficial in decreasing surgeon burnout, particularly in clinician morale [5]. Scribes also allow for an increase of 9–29% of visits per clinical session and a 38% decrease in surgeon time spent working at home [5]. This solution allows for set personnel to devote their time and energy on medical documentation while allowing surgeons to focus on what they do best: surgery.

Ultimately, a fully trained clinician requires years of time commitment, perseverance, and dedication. Expertise in complex surgical pathologies and the ability to perform detailed operations should be disassociated from the requirement to spend a nearly equivalent amount of time doing clerical tasks as patient care. For the wellbeing of

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the next generation of surgeons and their patients, it is mandatory to reduce the medical documentation burden.

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