

Increasing Administrative Workload as a Driver of Burnout in Hospital Medicine

This is one of seven drivers SHM's Practice Management Committee has identified as an aspect of hospital medicine that contributes to burnout. The examples of workplace stress listed here serve as a starting point for identifying burnout sources in your practice and develop effective interventions.

Use the following questions to jump-start the discussion:

- What elements of this driver do I or others see affecting our practice?
- How can I better understand what aspects of hospital medicine practice impact my team's wellbeing?
- What currently unheard voices need to be included in this conversation?
- Are there any immediate low investment changes that can be done to help mitigate pressure points?

Expanding Documentation Requirements

As patient care grows in complexity, clinical documentation requirements increase proportionally for hospitalists who are often left to handle additional non-clinical and non-billable administrative and regulatory compliance work.

Proliferation of Measurement

Each year, hospitalists are being held accountable for an expanding array of reporting, measures and pay-for-performance requirements. These requirements are coming from regulatory bodies and payors including Medicare, Medicaid, private insurers, and The Joint Commission. Each of these responsibilities require clinical and administrative inputs. Some of these measures may even be used outside of their specifications to assess provider quality (e.g., using the hospital-level HCAHPS to measure individual provider-level patient satisfaction scores).

Current EHR Design is Not Conducive for Hospitalist Workflow or Time Management

Expanding EHR requirements increase hospitalist workflow forcing them to spend more time and energy working with computer systems rather than caring for patients and their families. Because EHR prompts can be responded to 24/7, the line between work-life and home-life often becomes blurred. Furthermore, hospitalists are not typically consulted when EHR specifications and design are being changed.

More Asks Without Proportional Resources

As hospitalist responsibilities continue to expand, these asks are often not accompanied by the necessary resources needed to meet the needs of their newfound workloads. This means that hospitalists are required to do more with less.