KanTime

How **better** happens.

THE NEW CONTAGION:

Stressed staff is leading to stressed patients.

Many post-acute care facilities offer 24-hour care, with providers rotating in eight to 12-hour shifts to provide continuous service. However, just because a care provider's shift ends, doesn't mean their work does.

It's common for clinicians and non-clinical staff to play "catch-up" at the end of their shift, inputting patient data and charting information after-hours. **What is anticipated to be a 12-hour shift may actually be a 14-hour day.**

Chronic stressors over extended periods of time contribute to what the World Health Organization (WHO) classifies as burnout. Research indicates that **62% of palliative care clinicians experience burnout**, compared to 45% recorded in other acute care types.[1]

Clinician burnout is especially prevalent among post-acute care providers who work in isolated environments such as a patient's home. As many facilities have experienced, **stressed care teams are associated with stressed patients** and diminished patient outcomes.

[1] Hospice. (2019). Net Health. Hospice Burnout: It's Real...and It's Preventable.

Staff Burnout Can Lead to a Decline in Quality Care

Clinician burnout continues to be a rampant problem in the medical industry, affecting not only the healthcare worker but also the level of care they provide.

A recent study conducted by the American Journal of Medicine finds that clinician burnout and fatigue lead to a doubled risk of adverse patient safety incidents and diminished quality of care delivered.[2]

Every individual has an energy reservoir. When that reservoir is consistently depleted with long work hours, strenuous and emotionally exhaustive tasks, and tedious documentation requirements outside of work hours, care delivery is compromised.

It's no surprise that any patient would prefer to be cared for by a well-rested and focused clinician over a clinician at the end of an emotionally and physically exhausting shift.

To support value-based care delivery, the medical industry must minimize the stressors faced by essential care providers.

62%
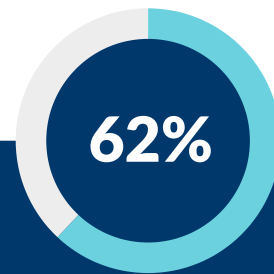
Of palliative care clinicians experience burnout.[3]
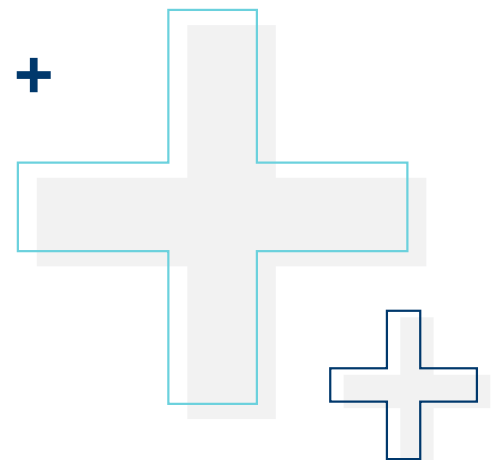
[2] Yates, S. W. (2019). Physician stress and burnout. American Journal of Medicine.
[3] Hospice. (2019). Net Health. Hospice Burnout: It's Real...and It's Preventable.

EHR Usability Is Tied to Stress and Burnout

Recent studies on post-acute care tools indicate that poor EHR usability, high system demands, and manual data entry contribute to workplace dissatisfaction.[5]

Furthermore, the number of hours clinicians use Computerized Provider Order Entry (CPOE) and EHRs outside of work hours for clerical tasks and non-clinical work are associated with a higher risk of clinician burnout.[6]

In other words, a key step to mitigating burnout and subsequent diminished levels of care is to optimize your EHR usability.

84.5%

While 84.5% of clinicians leverage Electronic Health Records (EHRs), inefficient usability of management and documentation tools contributes to stressful and time-consuming processes.[4]
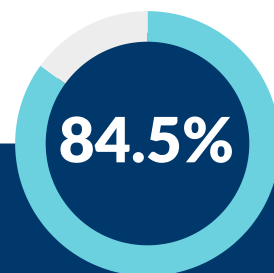
[4] Eschenroeder, H. C. et. al, (2021). Associations of physician burnout with organizational electronic health record support and after-hours charting. Journal of the American Medical Informatics Association.

[5] Eschenroeder, H. C. et. al, (2021). Associations of physician burnout with organizational electronic health record support and after-hours charting. Journal of the American Medical Informatics Association.

[6] https://www.sciencedirect.com/science/article/abs/pii/S0025619616302154

Streamline Processes to Avoid After-Hours Charting

Clinicians are less likely to experience burnout if they have the adequate resources to focus on patient care rather than the administrative processes that support it.

Facilities can streamline documentation and workflows from intake to billing **by leveraging all-in-one automation features, configurable models, and anytime, anywhere charting.**

For example, with intuitive point of care automation tools, infection control forms can be initiated when antibiotic medication is added to a patient's medication list, eliminating the need for tedious manual processes.

Selecting a tool that fails to meet user demands ultimately impacts the level of success an agency is going to have and the level of care that they can provide. When choosing a solution, it's essential to ensure that it's user friendly, adoptive, and able to document from the clinical point.

Less Time on Clinical Documentation Means More Time for Self-Care

After completing a 12-hour shift, the last thing clinicians and staff want to do is work on administrative tasks. By eliminating tedious and time-consuming clerical processes, healthcare workers are free from the stress of afterhours charting.

With reclaimed personal time, care providers are able to relax, focus on self-care, and reset **after a long workday.**

Whether it's heading to bed, going to the gym, or pressing play on their favorite series, rest and rebalance replenish physical and emotional energy reservoirs.
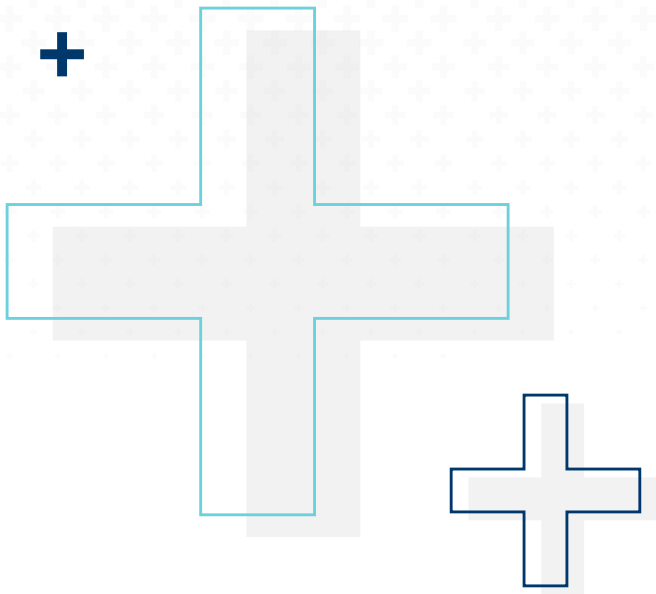
ABOUT KanTime

How **better** happens.

At KanTime, we understand that fatigue and stress negatively affect decision-making processes and patient outcomes.[7] Having the right tools in place to support your staff is a critical component of delivering value-based care.

Our enterprise software solution is designed to assist care providers across the post-acute care market, from Hospice and Palliative Care to Home Health.

KanTime streamlines all aspects of your post-acute care agency from patient intake to billing, enabling you to do what you do best – deliver quality care to your patients.

Discover how management by exception can transform your agency into an environment that advocates for both healthcare workers and patients.

CONNECT WITH OUR TEAM	REQUEST A DEMO

[7] Howard, K. D. (2005). Sleep deprivation and physician performance: Why should I care? Baylor University Medical Center.