

Nurse Becoming Ep. 075 // Get Your Charts Done on Time with ...

📅 Wed, Sep 29, 2021 8:59AM ⌚ 35:45

SUMMARY KEYWORDS

charting, patients, clinical, home, longer, inbox, happening, template, decisions, dictation, listeners, create, day, people, nurse practitioners, hours, steps, curious, big, brain

SPEAKERS

Amanda Guarniere, Dr. Sarah Smith

A Amanda Guarniere
Dr. Smith, Welcome to the show.

D Dr. Sarah Smith 00:08
Hi, thank you so much for having me.

A Amanda Guarniere
I'm so happy to have you here. Because this is a topic that I get asked about a lot. For nurse practitioners, especially new NPS, there's a big learning curve when it comes to charting because the charting experience is so different from nursing versus NP; so I'm so happy to talk about this. And before we dive into kind of the the meat and the details, I would love for you tell us a little bit about yourself what you do now and kind of what your journey has been.

D Dr. Sarah Smith 00:41
Yeah, absolutely. So I am a rural family physician in Alberta, Canada, but originally from Australia, which is why I might sound kind of interesting to your listeners. And so my journey here as a family physician, 15 years on the job, and I was still unable to get myself home with everything done. So I was spending hours after the last patient left. And I know this is a very familiar experience for a lot of your listeners as well. And whenever looking after nurse practitioners, it's not just the new grads, it's actually the nurse practitioners who've been around for quite a while, who are still struggling with this and wondering what is wrong with them. So I just want to give them a shout out to the audience listening and they like "NEW grads? Um, what about me?! I'm still struggling with this decades later." And I think this is an important topic because it does help contribute to burnout so that people work in

administrative burden and getting our charting done. And particularly in the States, I've noticed a trend in the last probably year but maybe longer.... We're starting to see penalties and penalisation and punishment or disciplinary action or even that dreaded email once a week of how many unfinished charts you have. And a lot of organizations are starting to put that emphasis on charts closed within 24 hours or charts close within seven days. So your organization will have different rules for you. But when we start seeing that it's adding this additional burden. Additionally, these unfinished charts unfinished inboxes are contributing to your mental load. And so that ability to rest and restore when you get home, your brains just telling you "I should be charting, I should be doing that inbox, I should be, I should be"... So there's not ever guilt-free time when you're just enjoying relaxing and your life outside of medicine- there is no 'outside of medicine'. So when I first started 15 years into the job, like I said, and I was still there hours later and I get a text from the husband at six o'clock saying, "Where are you? Are you coming home tonight?" At six o'clock again, I know the rule is, you know text and tell him when I'll be home. And knowing full well that didn't mean that everything was done, I was just going to go home at that point make dinner. And then knowing full well that meant once the kids were in bed, I would be back on the computer. And it wasn't just back on the computer having a fun old time my brain was tired, I was done I was now bitter and angry about having to be back in front of that computer. I might have Facebook on or Netflix playing on my phone while I'm trying to get my charting done getting cold in my study, really despising the whole thing. And wondering what that meant; Did it mean I had to leave, if I hadn't figured it out by now? I didn't want to leave medicine, I still enjoyed the patients, but I just was not enjoying the job at all at that point. And felt like I could work for the next 24 hours and still not be done. I could have three to five forms to do and it would take me literally ALL weekend, I would just be dreading those forms and procrastinating my way through the entire weekend and felt like I didn't have a weekend because these stinking form. So if somebody gave me a form to do, my sentence in my brain would be, "You're just sucking my life away. There's another hour of my life gone." That's such a dreadful thing to think. But it was an hour of my time that it might take me, or it I take me six hours to do that one form just because I didn't want to do it so much that it would just sit there for weeks and weeks not getting done. And so that whole experience led me to find a way through that, like "How can I make this better?" And the real big push for me was my oldest child was going to be leaving home in two years. And I didn't want to miss out on being home and doing family time anymore.

A

Amanda Guarniere

Yeah, I think you know, you bring up such a good point that, you know, things take longer when they feel heavier, right? How many times have we had this to-do list of things that we hate, that we keep putting off and putting off and putting off. And the mental load of that is every time that we think about that thing that needs to get done every time we sit down to do it, and we push it to the next day, you know, whether it's charting or not, but that load and that toll, just, even if the task itself only takes, you know, 15 minutes... It's robbed us of our energy for so much longer than that. So after this kind of epiphany of "I don't want to live and work like this", how did you start making making changes? Since you're kind of a charting coach, I'm assuming that you dug yourself out of that, I'd love to hear more.

D

Dr. Sarah Smith 06:01

Absolutely. So I read anything and everything that might help. I would Google help with a work, help. And the only help available at that time when I started my journey, about four or five

years ago, with physician coaches who were helping physicians leave medicine, that was the only coaching helpful people out there. There were no books, all my mentors, they went from, from the medical school onwards, the entire time, I was asking everybody, how do you do this? How do you do this? How do you get home with everything down? How do you get your charting done same day? How do you manage the paperwork burden? And asked every mentor, and they all said, you come in on Sunday. What? Not the answer I'm looking for. And so I was actually on my way to a orientation for our medical students who we have in our rural community. And I came across the Life Coach School Podcast, where it was just general life coaching. And she was talking about how we can feel victim to our day, our day is just happening to us. And we feel like we have no control at all within that space. But actually, we can start to take control and we can start to work towards goals. And I'm like, but you don't understand. I have patients, and I have charting. And I have paperwork, this is bigger than you lady, there's no way you can help me. Like this is the biggest problem ever, is how it felt at the time. She said, I can fix anything. I'm like, No, you can't you don't understand how awful and big and burdensome this is. But I thought okay, well, nobody else is saying I can help. So why not? So I dove into it. And and so I knew where I was going. And I think that's the most important thing for your listeners is, I at that point just felt like everything happened TO me. And what happens with coaching is you decide where you want to go. I decided I wanted to go home with everything done. That was the first time I'd ever thought that. The first time I'd ever thought there was a possibility or some a different way of doing this. And then in the process, I had no idea how I was going to get there at all. But through the process of sticking with this coaching piece of, okay, we work towards a goal. And we're going to fail a bunch of times, we're going to have some success, but we're not going to quit until we get there. And so that's what happened. So in the process of that I like I kind of tell everybody, this is also going home and sitting on the couch with nothing to do like all your inboxes done, or your charting done same day, going home with literally nothing to do when you get home. No homework was so different from where it started. That's a radical change to where I had started. And I got to teach this to others. So I did the process of taking people one on one through that charting coaching piece, because there wasn't any other charting coaches through this chatting piece until I had hundreds of hours under my belt of charting coaching. And of course I'd started with physicians because I am a physician. And then I had this amazing nurse practitioner from Alaska. He said if you could do it with physicians, he could do with me. That's true. And so we did and then other nurse practitioners that are coming and saying you can help me do it like if they can can you help? Yes, I can. And so we started to open up to not just physicians, it was helping anybody in this space who sees patients and does charts and has that paperwork and administration burden. Anyone who's experiencing the same sort of this big clinical day is happening TO me. I have no control over my environment except It must be the job, it must be the workplace, but then I change jobs and this thing follows me. I'm still not getting my charting done, there's something wrong with the system, or me, or both. And so we actually start to help you decide, "What do you want?" And how do we get there? And how do we find your most simple solution to get there?

A

Amanda Guarniere

Yeah, yeah. That's amazing. When we feel like things are happening to us, like the clinic day is happening to me, I feel like that's such a relatable statement. But where is the problem? And, and we can spend a lot of time kind of dissecting "Okay, well, if I didn't have to see four patients an hour, and if, you know, I didn't if I had more administrative time and this type of thing", but I think what I hear you saying is, let's take control over what we have control over first, or as well as, look into kind of these bigger things that maybe we have less of it less of a

say, because I'm assuming that your solution isn't, you know, writing a proposal to your manager for one patient per hour, or are hiring a personal scribe, right, like there's more, there's more to the method.

D

Dr. Sarah Smith 11:18

Correct. That's such a great question and place to start, because most of the providers that I look after have zero control over the number of patients that booked in with the EMR that using whether they do or don't get a scribe or a dictation service, if they do or don't have chatting in the room, they have zero control over any of that, and I am helping you be able to take control of your clinical day. And when I have providers come to me, they've already tried all the things. They've tried changing jobs, I've tried a dictation or a scribe, instead of typing. They've tried dropping the number of patients down to four or three to an hour. And it's still happening. And they're like, What is wrong with me? And it's nothing wrong with you, we just haven't given you the tools to decide how do I do this? What do I actually want? What am I moving towards? So yes, I take you right where you are, and help you stop managing your clinical day with the number of patients you have this administration and paperwork burden, this chatting problem is contributing to under earning for your for your nurse practitioners, because they are now earning the money with the patient in the room. But then they're chatting later, they'll often tell me it's one to one, one hour of patients equals one hour of paperwork. I'm like, Oh, that's terrible. That's a terrible way to live. Why would you want to do that? They don't want to, but it's what they their expectation is, they look around them and see the whole team is staying late during this charting the whole team is staying late managing this inbox. And it doesn't have to be that way just because you've seen it model for yourself over and over.

A

Amanda Guarniere

Yeah, I think that healthcare is not the best place to see boundaries displayed. And I think you know what, this is what we're talking about, we're talking about, you know, taking control of your charting, taking control of your day is setting a self loving boundary for yourself, so that you can, you know, be a more integrated person. So that's why this is, this is so important. So I know that this is, you know, we'll talk about kind of how you help people individually. But let's talk about kind of some tidbits that listeners can take and maybe implement now to start getting an idea of how they can make a shift.

D

Dr. Sarah Smith 13:42

Absolutely. So step one is always Where do you want to go? What would the ideal clinical day look like for you? What do you desire, right? Because if you know that, so things result that you want to create for yourself. So I want to have all my charts done by end of day could be a result that you're looking to start creating for yourself, then you would have less backlog to be contributed to. And you would be finishing today's work today. It might be that you want to be home two hours earlier than you are right now. Right for some of your nurse practitioners, they'll be still working very late in the night. So we just start with where do you want to go. And we just had then a, we don't have the map. We don't know how we're going to do it. But we have an idea of where we're going because we have set goals our entire lives, we just forget to set them when it comes to the clinical day. For instance, you set a goal to get into nurse

practitioner training, and that might have required studying and doing exams or other things that got you there. You set a goal and you did it which is amazing. So we already have evidence that you can do a goal even though you don't know exactly how you will get there. So we're just doing exactly the same thing for your clinical day. And then We're going to ask, Well, what is what am I doing now? And how can I optimize that? Alright, because, like we said, we can't reduce the number of patients you have, we can't change how your clinic is set up, or how many staff you have. But we can start to work towards your goal. So where are you going? And why? What do you want to achieve? And why do you want to achieve that? What would be different about your life if you had this result for yourself? And for me, it was I want family time and evening, I'm done with later. I don't want to do this later. I want to do it right now. Then we start to work on that charting, that documentation is that information or continuity, it is just simply what happened and why we made that decision. We put so much story about what this note has to look like and why. Okay, you know, what needs to be your new note and why you may have reasons to put that information in there. Because what just happens, you need to document what just happened, you need to document what your working diagnosis is, you need to diagnose your put in the reasons why you came to that conclusion. So you're putting up positives and negatives, you might need to put in some things for insurance purposes or billing purposes, you need to build it and then you're done. So what is in your note and why? And then if you wanted this note that after every patient, complete, be done after every patient. Now what? How and where would you do that? And that for a lot of you is going to be that that's impossible, what did you just say we're going to be doing it right? It's, but it is the fastest way to get out of here on time, it's the fastest way to get home with everything done. And the reason is, over the years, you've become very, very good at mashing information into your short term memory. Okay, you take on all those patients for the day, and you may not get that charting done. And you keep that information in your head until you can try it that night. But it takes you longer tonight to do it. And now you're ashamed of yourself for not doing it earlier. So you're trying to make it perfect. So you spend even longer doing it. Rather than simply understanding that at the end of this encounter, I want to note that's done. Now what? Now what how would I do that, and you're going to fail a bunch of times figuring that out. But if you are determined that this is the result I want, I don't want to do anything later, I want to finish the consultation and have the note done. Now what now we work on the most simple solution for you to get that result for yourself. So we're creating that protected clinical time where you're seeing patients doing not seeing patients doing notes. And what that doesn't give you is any time in between patients for doing anything else. So now we have the rest of today's work to account for other stuff that you think is random and attacking you like inbox interruptions. This is not random work, you know, every day, there will be a amount of things you have to do that are not the patient and the notes. Yeah. inboxes messages, nurse questions, prescription refills, patient portal questions. All of that is not random. It is we can measure it, we can start to be aware of how long does it take me to do all this other things in my clinical day. And I'm going to get a lot of objections. Because what I always just check, like I come out of the patient room, I sit down and I open my inbox. But what are you doing when you're in there, you're looking at it and saying I don't have time for that I don't have time for that I don't have time for that I don't know I do work twice or three times or five times before you ever have the time to action, those inbox items. So then we're setting you up with so we've got protected clinical time and then protected inbox time. Time where you do have the time to do that inbox, where you're looking at it and actioning it once which makes so much more sense for getting you home as fast as possible getting that work done as fast as possible.

A

Amanda Guarniere

Yeah, this this sounds brilliant to me because I'm just thinking of all the lost time and energy with task switching or or what we think is multitasking which I don't personally think exists. It's all just us quickly shifting from one task to the other. So you know I think about this, you know, keeping tabs open and just like seeing if there are any new inbox messages coming in, but you're right like it's energy that we take away. from doing the chart or the task at hand, and and that time just adds up, and that's all the extra time that we end up staying later and then exactly, exactly, then what I'm hearing you say, which I totally agree with is that the charts going to take us longer the farther away from the encounter it is because our memory isn't as efficient. Which I've definitely seen play out, you know, my, my clinical experiences in emergency medicine. So the structure of my day in the charting is different than someone in a clinic setting. So what I used to do is I used to see all the patients and then fit the charts in when I could and usually stay after an hour to to finish them up. And yes, it took me a whole lot longer I was using dictation, and it still took forever. And then when I realized that, it was okay for the patient, to wait a couple extra minutes for me to go in the room so that I could do the chart, I got into this whole new workflow of, of batching. So I would see two or three patients come out, write their notes as best as I could, and then, you know, hit save on the draft because because I would have to reassess and, you know, come up with the rest of the plan. But when I did it that way and realized, okay, I don't have to take every patient who's waiting to be seen right now and see them all before I do any charting, then it was a game changer for for my work day.

D

Dr. Sarah Smith 21:38

This is great in the emergency department, these still ring true, you will obviously be drawn to bleeding and coding and other very true emergencies. However, there are moments even if they're brief, where you can be doing things as you go so that you are completing as you go. So even when you think this day is happening to me, even in the emergency department, we can still have like you showed yourself, I can see patients and close notes all day long. And it helps you at the end of the day, you are done so much faster. And you're creating time, because you're now getting gaining two hours of your day back. Wherever do we get to create time?

A

Amanda Guarniere

That's motivation in and of itself, you know, and I'm sure that, you know, yes, you're going to fail a bunch of times, but once you start being able to see that goal and reach, it'll hopefully, you know, give you a reason to, to keep doing it. And, you know, I'm thinking as you're talking I'm thinking of all different ways that people could create their, their non clinical time, you know, because like you said, all these other things that happen aren't random. So we could show up and just hope, okay, nobody talked to me today. Nobody asked me questions. Hopefully no one needs any refills or prior authorizations. But the reality of it is it's going to happen. So isn't it more empowering to say, okay, you know, after I see my last patient from morning session until my lunch, because all my charts are done, that's when my inbox time will be and, and you can even empower your staff and say, "Hey, if there's anything non urgent, you know, my door will be open from this time to this time". If there's anything that needs to be done like this is just a so much more empowered way to do it than just to be a victim of your day.



... ..

D

Dr. Sarah Smith 23:35

So there's reason people have that experience with every single clinical encounter, there's a knock on the door. Now, all of these interruptions, like he said, interruptions are going to happen, there are going to be questions throughout the day. But why are they important? And they're important because you are making 1000s of decisions daily, you are a decision maker, you are an executive in your clinical day. So you out you are making decisions constantly, like, in a microsecond, you're making so many decisions. So when there's that knock on the door, there's a decision tree happening in your head, you're thinking to yourself, oh, there's a knock on the door. What's going on right now in my room? Am I safe to open the door like my patients not half naked? How far behind are mine? Do I have time for this right now? Can I do this right now? Or do you have to put it on my desk for later, you've just added five more decisions to your day of decisions and you get to the afternoon and you wonder why you're so tired and fatigued. So you bring the busy, it's been very busy all day doing very important things. So if we can back to even some of those interruptions, we can batch even some of those decisions. were removing a whole lot of additional decisions in your day. Yeah, we're helping you get through your day in that most effective way for your brain to be able to address the problems that had so I love If you're not the owner, you're not the one who can make huge changes in your system. But you can make little changes in your clinical day that can make so much sense for you in your goal to get home.

A

Amanda Guarniere

For sure. And, you know, I feel like I have had this conversation with a lot of MPs. Well, you know, I'm not getting home on time. So what what is the answer Oh, chart during your administrative time? And if you don't have administrative time, negotiate for it? And so I'm just curious as to your opinion, about how much administrative time do you think someone who's doing a good job? charting? How much time do you do you think is optimal?

D

Dr. Sarah Smith 25:39

Yeah. So you're going to be able to work this out for yourself, because everyone's going to be in such different clinical environment, just stop being aware, start clocking how long you do your inboxes? How long does it take? Now, of course, when you're sitting there in that protected time, with that fast focus pace, you're going to take a lot less time than when you're doing it randomly here and there during your day and seeing things twice before you actually them. And then when we're in the inbox, we're going to have strategies about how can we make? How can we make decisions even faster in the inbox? What is holding us back what is causing us in creating a big time lag within that time, but I would say start being aware to start tracking yourself over the next few weeks, and how long do I actually spend during my inbox, and then what would make sense for my clinical day, for my brain, how I work best, my workflow. So you may have staff that leave at 4pm on the.so. If you don't have that done in your inbox by 4pm, you're now the one ringing the patient ever notice, man. So now, obviously, it makes sense to have given that message to the staff before they left for the day. So those types of questions, you're going to start to be so curious. So this is where we step back. We're not trying to do this, inside the clinical day to start with, we start by looking at how do we do business? Right, what happens in our clinical day? And then how can we start to change up how we do business for us, we can see our patients look after them in the way we love to look after them and have today's work done to things outside of that clinical encounter time. So we can get home with

everything done in a way that works for our clinical space. For the time we have for the allocated hours, all of it can be really curious, we say really curious is what's happening in my clinical day? Why and how else could I do this?

A

Amanda Guarniere

I love that. Another question that I had, well, something that I have taught students when I've precepted. And and mentees is coming up with rituals or or the way you do something every time to help jog your memory when you're charting. So, for example, there's a way there's a step wise process that I do every time with every patient for their head to toe physical exam, regardless of their complaint. So there's kind of like this base template that I do for everyone. And then depending on their complaint, I do a particular focused exam for every person so that when I come out of the room, I can quickly chart my chart my exam, and sometimes I'll even create a template in whatever EMR I'm using. Because I know that that template reflects what I do every time so I wanted to get your thoughts on things like that. Is that something that you find helpful for people in their charting? Just wanted to get your thoughts Yeah,

D

Dr. Sarah Smith 28:38

So people will be charting in a way that they like to do. So some people will be on paper, or some will be using dictation and some will be inside an electronic medical record. But we are trying to find minutes and seconds. So if you can reduce your charting time down by 30 seconds or a minute, by using a template that you've created for yourself, there's a bit of a risk when we're using other people's templates, because we always image editing them. That is wasting your time to to any minute and second grab that you can find. Absolutely. So that looks like a template. If that looks like a macro. If that looks like a shortcut. Of course, that is worth your time and investment to create it. So it's going to keep giving back time to you forever from there on. So of course that would be amazing, right? But everyone's going to be now curious what could help me. How could I help myself get this charting done? How do I always do this? They're great questions to ask our brain.

A

Amanda Guarniere

Yeah, for sure. I think that's that's a really great point, you know, getting curious about, okay, what am I repeating that I don't have to repeat What's taking me extra time and if you write a really great, you know, block in your plan, for example of how you educated someone with an upper respiratory infection in terms of all their home care and you know, their treatment plan. And you know that that's what you recommend for pretty much everyone with upper respiratory infection. Go ahead and and whatever system you're using, you can save that so that the next time, you've just saved yourself minutes, several minutes of typing out something that you that you've already that you've already done. So I love that kind of mindset in that framework of getting curious about how you can do things differently. Because, you know, another thing that I'm hearing in the steps that you recommended is that there's not actually a template for this process for every single person, like the very first step is for you to identify what your specific goal is, and, and my goal is going to be different in my setting and with my

brain than your goal and your setting with your brain. So I think that that's really important to recognize that you're creating this process as you go individually, with with these kind of steps that you can adopt for yourself.

D

Dr. Sarah Smith 31:02

That's right, it gets messy and takes a bit longer to start with unfamiliar, you've not done it this way before. So give yourself the grace of failing, right. So that failing is not a quit, we're not quitting on ourselves, we're just simply saying that's not my way. Or that might be my way. But I have to practice a few more weeks before it's going to become second nature to me, right and allowing yourself to know that failing and success is perfect, because failing is just learning, we've just learned something, we haven't actually felt we're not a failure, but just trying new processes to see if we get a different result. That's what we're doing. And we're doing it because we're determined to have a new change for ourselves. If we keep doing it the way we've always done it, you're gonna have the same result. And you're going to have the same result for more than 15 years. Because I've done it, I walked it. I did the same thing every year, day after day, and I was static, being curious as to how come I can never get home? How come I've never done? Oh, because I do it the same way every day. Interesting. So yeah, it's going to be different. You're going to be in hospital settings, you're going to be in outpatient settings, you're going to be in family medicine clinics, you're going to be in emergency departments, like Amanda's listeners are going to be from all over the globe.

A

Amanda Guarniere

So you walked us through some steps earlier. So I would just love if you could recap them briefly for I know, everyone's minds are probably turning and thinking about all the ways that they could be improving. So let's summarize those steps from before.

D

Dr. Sarah Smith 32:38

Yeah. So then to decide what do we want for today, we're going to start thinking about our clinical day, and what happened to that clinical day and what looks like it could be an easy win. If we were to make some simple changes, we're not going to be asking people to maintain our boundaries within the business of the clinical day, we may have to set up conversations with our people to help guide like you were saying, mentor, I'm going to have my door open from this time to this time, or asking your staff would this be helpful if I was available here, like you're going to decide what is going to be best for your clinical day, we're going to have that protected clinical time where you see patients and close notes and that's going to be your highest priority for that time. You get a no show, we call that bonus time. We're not planning on that. That's just bonus, how get to do what you want to do with that. And then we're going to be starting to be aware of everything else that happens in our clinical day that you have to make decisions about because that is not random activity, it will be measurable. And so if you're like I wonder if there's anything new in my inbox, it's always a yes. Always we think in your inbox, it's always not suddenly it's not a surprise anymore. It's like of course there's more things in my inbox and you start being more of how long will that take you and then what could I do that would that would make sense for my clinical day. Start being aware of interruptions

and distractions that are costing you more decisions and more time and then you start to look for the minutes and seconds within your clinical day. Things that could help you with that goal of getting home with everything

A

Amanda Guarniere

I love it ! I think that I know that a lot of listeners will be putting some things in action or at least getting curious and thinking about okay what do I want to be different? And then where do I have some control and and doing a time study? I think that is so so important. I think that's a really great takeaway from today's talk is you know, where are you spending your time and kind of assessing because you know, that's what we do in our process anyway is we assess before we make any changes. So I think that goes for this as well. Dr. Smith, this has been so valuable. Please share with my listeners where they can find you learn from you , follow you ,a ll of those things.

D

Dr. Sarah Smith 35:03

So on Instagram I'm @chartingcoach , the website is www.chartingcoach.ca and I have specifically for you the Smarter Charting Program, which opens every couple of months but in the meantime you can hop on the list to get into the Free Masterclass where we talk about how to get home with everything done. So yeah, that's where you find me.

A

Amanda Guarniere

Awesome. I will make sure all those links are in our show notes. And I thank you so much for your time. This is such an important area and I'm glad that you're out there doing the good work to help our colleagues.

D

Dr. Sarah Smith 35:41

Perfect. Thank you so much for having me.