

# Dissemination of Strategies for Reducing Excessive Documentation Burden: 25x5 Task Force Activities Relevant to Nursing

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**Abstract.** Burnout and workforce shortages are having a negative impact on nurses globally, particularly after the COVID-19 pandemic. Within the United States, excessive documentation burden (DocBurden) has been linked to nurse burnout. The experience of a system or system-imposed process inhibiting patient care is a core focus area of nursing informatics research. The American Medical Informatics Association (AMIA) 25x5 Task Force to Reduce DocBurden was created in 2022 to decrease U.S. health professionals' excessive DocBurden to 25% of current state within five years through impactful solutions across health systems that decrease non-value-added documentation, and leverage public/private partnerships and advocacy. This case study will describe the work of the 25x5 Task Force that is relevant to nursing practice. Specifically, we will describe three projects: A) Toolkit for Reducing Excessive DocBurden, B) Development of Pulse Survey for Health Professionals Perceived DocBurden, and C) HIT Roadmap to Promote Interoperability.

**Keywords.** Documentation burden, nursing, electronic health records

## 1. Introduction

Burnout and workforce shortages are impacting nurses around the world, particularly after the COVID-19 pandemic.[1] Several causal individual and system factors have been linked to these issues. Within the United States (U.S.), the experience of excessive documentation burden (DocBurden) while caring for patients is increasingly

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recognized as a key contributing factor to nurses' burnout and is problematic for all types of health professionals. The clinical information systems that nurses use and rely on to carry out patient care activities were intended to facilitate more efficient, higher quality and safer care through innovations such as interoperability (the flow of patient data from one care setting to the next) and clinician decision support.[2] However, clinical information systems, such as the electronic health record (EHR), have sub-par usability and are configured with excessive documentation tasks that reflect requirements imposed by regulatory, billing, legal compliance, and quality initiatives.[2,3] While the specific clinical information systems and their challenges may differ globally, the experience of a system or system-imposed process inhibiting patient care is unfortunately a universal phenomenon. Addressing this is a core focus area of nursing informatics research. This case study will describe the work of the AMIA 25x5 Task Force to Reduce DocBurden for U.S. Health Professionals to guide local interventions that are relevant to nursing practice, measurement, and evaluation of interventions over time, and a roadmap of recommendations for the health information technology (HIT) industry.

## 2. Case Study Description and Relevance

In 2021, the 25x5 Symposium[4] aimed at reducing excessive DocBurden to 25% of its current state within 5 years was held virtually over the course of 6 weeks. There were more than 300 participants including informaticians, health professionals, executives, academics, patients, and HIT industry representatives. The Symposium was informed by the American Nursing Informatics Association (ANIA) Conceptual Framework to Address the Burden of Documentation in the Electronic Health Record. The framework describes the 6 domains of burden as: 1) Reimbursement; 2) Regulatory; 3) Quality; 4) Usability; 5) Interoperability/Standards; 6) Self-Imposed by the healthcare organization.

Symposium presentations included U.S. based and international exemplars of healthcare organizations sharing local strategies to successfully reduce excessive DocBurden. A main outcome from the Symposium was the need for increased sharing of best practices to enhance the adoption of generalizable DocBurden reduction strategies.[4] The Symposium resulted in 82 action items that were further synthesized and prioritized into Calls to Action for three stakeholder groups: Providers and Health Systems, Vendors, and Policy Advocacy. The 25x5 Task Force was subsequently formed in 2022 by the American Medical Informatics Association (AMIA) to make progress on the identified Calls to Action. We report here on the specific work from the 25x5 Task Force relevant to reducing excessive DocBurden for nurses. Key Calls to Action relevant to the work highlighted in this case study include: 1) establish guiding principles for adding documentation to EHRs and generating evidence for reduced documentation, 2) develop measurement tools to categorize documentation practices, and 3) promote an environment of interoperable systems to allow for complementary technology.

### 3. Project Design

The vision of the 25x5 Task Force is a U.S. healthcare workforce free of excessive DocBurden and focused on patient care and improved patient outcomes. The 25x5 Task Force mission is to reduce U.S. health professionals' excessive DocBurden to 25% of current state within five years. This is accomplished by optimizing and spreading impactful solutions that decrease non-value-added documentation and leveraging partnerships and advocacy with health systems, professional societies, and public/private sector organizations. The core principles of engagement include that there should be no shifting of work among health professionals and no erosion of care standards. The Task Force is organized into 4 workstreams: 1) Health Professionals/Systems, 2) Impact, 3) Policy/Advocacy, 4) Technology Requirements.

This case study will highlight Task Force activities led by the 1) Health Professionals/Systems, 2) Impact, and 3) Technology Requirements Workstreams during 2022-2023. These efforts were largely focused on 3 domains from the ANIA framework: 1) self-imposed, or "we've done it to ourselves," 2) usability, and 3) interoperability. Specifically, we will describe three projects: A) Toolkit for Reducing Excessive DocBurden, B) Development of Pulse Survey for Health Professionals Perceived DocBurden, and C) HIT Roadmap to Promote Interoperability.

### 4. Execution

Descriptions of the methods and approaches for each activity are below.

#### 4.1 Toolkit for Reducing Excessive DocBurden

The goal of the toolkit was to guide healthcare delivery organizations through the process of reducing excessive DocBurden by providing resources and a pragmatic approach to excessive DocBurden reduction. The Health Professionals/Systems Workstream led the toolkit development. The following steps were used to develop the toolkit: 1) review and content analysis of peer reviewed and gray literature for existing toolkits and exemplars for reducing excessive DocBurden, 2) workstream consensus sessions to prioritize content and topic areas, format, and access availability, 3) develop and conduct survey of health system leaders about past, current, and/or planned DocBurden reduction initiatives, including seeking information that mapped to identified toolkit content areas, 4) iterative revisions to toolkit outline by workstream members and informed by survey data, 5) toolkit content creation by members based on reviewed literature and survey data, 6) 25x5 Task Force review and editing to produce final toolkit, 7) dissemination openly online, and 8) ongoing evaluation and optimization.

#### 4.2 Development of Pulse Survey for Health Professionals' Perceived DocBurden

The Impact workstream led the development of the pulse survey. A pulse survey is a brief and regular set of questions to continuously gain views on a subject. The goal of our pulse survey is to frequently capture and track trends of Health Professionals Perceptions of DocBurden. We identified a lack of validated survey tools to understand

perceptions of DocBurden across all types of health professionals and settings. Therefore, the targeted population are all health professionals in the U.S. The two main steps used for survey development were: 1. Literature review of survey tools for assessing excessive DocBurden, 2. validate Delphi Survey questions with domain experts (e.g., face and content validity) for a national pulse survey.

#### *4.3 Health Information Technology (HIT) Roadmap to Promote Interoperability*

The Technology Requirements workstream, which includes representatives from the HIT industry, led the development of the HIT Roadmap to Promote Interoperability. The initial roadmap items were based on the HIT specific action items identified from the 2021 25x5 Virtual Symposium. The HIT workstream then led a series of consensus sessions to revise action items for clarity and organize in terms of feasibility and short-medium- or long-term priorities. The HIT Roadmap was then circulated within the 25x5 Task Force for feedback and then broadly on social media.

## **5. Analysis**

### *5.1 Final Toolkit Publication and Dissemination*

Four topical areas were included in the final published toolkit: 1. Intro/Call to Action, 2. Initiatives, 3. Governance, 4. Metrics. The toolkit was published in the spring of 2023 and as of December 2023 there had been over 2,000 unique views and 1200 downloads. A Slack Channel was also created as an open community for sharing of resources related to the use of the Toolkit and as of October 2023 there were 185 members, largely representing health systems and other types of healthcare delivery organizations.

### *5.2 Pulse Survey*

Our literature review identified limited availability of survey instruments specifically designed to assess excessive DocBurden among healthcare professionals. The search yielded six surveys aimed at assessing the excessive DocBurden faced by healthcare professionals. There were no surveys that were universally applicable for all types of health professionals. The review identified 12 initial survey items to be evaluated using an online Delphi Process Method for the development of the Pulse Survey. Task Force members conducted 3 rounds of the Delphi Survey to prioritize and provide content revisions to potential Pulse Survey items. The final Pulse Survey has 5 questions focused across the following constructs: Time, Perceived Change, Perceived Influence on Care and Ease of Use.

### *5.3 HIT Roadmap*

Eighteen items were included in the original HIT Roadmap. These items were then clarified and revised with stakeholders to identify the highest priority recommendations for the HIT industry. These recommendations will be presented and include focus areas such as speech recognition, natural language queries, summarization, patient

communication features, standardized audit logs, and aspects of artificial intelligence to support search and clinical decision support.

## 6. Impact and Lessons Learned

Several public feedback and broader dissemination activities are in process and occurring in early 2024. Those activities are outlined below and will be shared as part of this case study presentation.

The Toolkit was developed based on available evidence; yet, we acknowledge that the evidence of how to reduce excessive DocBurden is still evolving and comes largely from academic medical centers. Therefore, current efforts related to the Toolkit are focused on outreach and engagement with healthcare delivery organizations beyond academic medical centers, including community and rural settings. The Task Force is also focused on creating webinars to guide Toolkit use. In this presentation we will share toolkit lessons learned and updates on toolkit usage and report on broader dissemination of the toolkit to under-resourced settings. Initial discussions have also occurred to share our lessons learned and best practice resources with Canadian colleagues.

The initial Pulse Survey data collection is planned for spring 2024. We will share our approach and methods for survey administration, open sharing plan, and trending and data analysis plan. We will also share survey results available.

A public comment period will be open in early 2024 for the HIT Roadmap. We will share those public comments and responses and the final version of the HIT Roadmap in summer 2024.

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