

## PRESIDENT'S COLUMN

## Missing Notes and Gaining Time

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How do detail-oriented, caring doctors allow missing notes to burden their lives or alter their careers? Are there ways to prevent the occasional “missing note” from multiplying exponentially?



**A**cross multiple academic medical centers and the now-nearly-three decades of my professional life as a physician, I've known at least five general internists whose careers have been indelibly altered by “missing notes.”

What is a “missing note?” That's pretty obvious—it is the missing documentation required of a patient visit, the note that the provider never wrote. These missing notes can happen both in the inpatient setting (consults seen by a resident but never staffed formally by a faculty member; consults performed by a faculty member, teams contacted, but formal notes never written; or inpatient attending notes that go unwritten some days) and in the outpatient setting.

When I was a resident and junior faculty member in the early 1990s at UCSF, our outpatient notes were handwritten on carbon copy paper. Inpatient notes then were either handwritten right into the inpatient three-ring binder, or, sometimes (for faculty), were dictated and transcribed by the following morning. It must have been hard for administrators to track “missing notes” because there were no automated systems for matching visits with notes or notes with bills. Rather, the missing notes were palpable only to those caring for a patient who had had numerous visits but few notes. I can remember trying to reconstruct the plan of care for complicated, elderly patients in the absence of documentation by using computerized lab values and bags of pill bottles brought to visits. And

I can remember finding many cardboard boxes full of blank paper forms awaiting never-written notes after a colleague departed.

Since then, I've encountered multiple similar situations. For example, two faculty members, both former chief residents, working at two different academic medical centers who provided wonderful care for inpatients and outpatients but did not regularly document any of the care. Their careers were indelibly altered because these two *did* bill for those services (thus, by Medicare's definition, they acted fraudulently), because the piles of missing notes were Everest-like by the time they were found (lapses in oversight leading to more than a year's worth of missing notes), and because these two simply could not or would not comply with remediation plans.

And I know of other outpatient providers who fall slowly and inexorably behind in their notes—a few a day, a dozen a week—slowly falling further behind instead of acting on their intention to catch up and then keep up.

Now that we have the electronic ability (or requirement) to match visits with notes, it's easier to find and track faculty (and residents) who get behind. While most of us keep up pretty well and only have few “missing notes,” there are still piles of “missing notes” clustered around a small number of faculty. If I know of a bunch of these problems, many of you do, too; it's a serious issue.

How do well-meaning, clinically outstanding, detail-oriented, caring doctors allow missing notes to bur-

den their lives or alter their careers? What themes emerge? Are there ways to prevent the occasional “missing note” from multiplying exponentially?

My literature searches returned zero references on missing notes, so there's nothing to learn there. I have not had in-depth conversations with each of these faculty members but I listened and learned from some and from others who struggle to keep up. Here are a few rationales that they and others have shared about why the notes pile up:

- **Patient care is the highest priority.** Writing a note seems to prioritize administrative medicine over the next patient. When running late to see the next patient, it just doesn't seem important to stop and document the last patient's visit. Similarly, on the inpatient side, if there are many ill inpatients to see, then prioritizing the writing of a note makes the next sick patient seem less important.
- **The scheduled visit length is for time to spend face to face with the patient.** If the visit length is 15 minutes, then the patient should “get” 15 minutes of the doctor's time. There is almost always more to do than time available and short-changing the patient means that more will be left undone.
- **Patients don't like to be kept waiting.** Stopping to document before moving on contributes to tardiness and seems to devalue

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### Classification of Tasks: Urgency and Importance

	Urgent	Not Urgent
Important	1	2
Not Important	3	4

the time spent waiting by the next patient. We all run a bit late during practice sessions; leaving the notes until after it's over helps with time management during the session itself.

- **Perfect can be the enemy of good.** It's hard to write a great note while rushing on to the next patient.
- **Once behind with note writing, it gets harder to catch up.** It makes sense to start back at the beginning, but those visits were a long time ago so they are the hardest to write. Just getting started is a challenge and so the pile grows.
- **Time management doesn't come naturally to everyone.** No one ever emphasized administrative medicine during medical school and residency. Having an organized plan for

documenting visits was something that was not part of training, and it's hard.

Interventions need to be multi-factorial. Some of the solution needs to be about expectation management—think about the visit length as including two minutes for documentation, and then provide exceptional care, with an acceptable note. Writing notes is part of caring for the patient (unless you are in the lucky minority of generalists who work with scribes).

But some of this should be about skill building. Time management is indeed not part of the typical student curriculum or residency program. Yet, it is clearly one of the most fundamental skills required for success by every physician. We know the EMR contributes to burnout; how much of that could be

ameliorated by better time management techniques is not clear. There is little evidence-base about time management strategies but much lay literature.

The following are a few strategies that might have helped those faculty members suffering under missing note piles:

1. **Anything that you must do, that takes less than two minutes, just do it.**<sup>1</sup> This advice comes from David Allen's book *Getting Things Done* and is particularly relevant to missing notes. Documenting during or immediately after a visit really does take about two minutes; leaving it until the end of the session, the end of the day, or the end of the week then requires reconstruction of what happened in the visit and takes much longer. Just instituting this change will gain back all that time spent in reconstruction.
2. **Keep an action-item to-do list.** I bet your to-do list says things like "do taxes" or "write review article" or even "catch up on missing notes." Those are substantial projects, not to-do items. How about "gather W-2 forms" or "do literature search for review article" or "dictate five missing notes." Those seem more achievable; listing achievable chunks will help get more things accomplished.
3. **Learn to delegate.** While you can't delegate your notes (except to a scribe) there are

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other things you can delegate, and it's an investment in building skills and saving time to learn to rely on others, to supervise, check, teach, and return.<sup>2</sup> It comes naturally to many residents supervising interns, but less naturally when we act as an administrator or supervisor for staff.

**4. Spend at least 20% of your time working in the “not urgent, important” part of the 2X2 table (see page 2).** Experts suggest that spending 20% of your time in box 2 will get you 80% of your productivity. Avoid

the place we all spend a lot of time—urgent but not important. Part of the problem with missing notes is that they may fall into the “urgent, not important” box once they have been missing for a while.

In the end, time management skill building, along with expectation management, might have prevented some of these piles of missing notes or the resultant career impact. Just like a small bowel obstruction, don't let the sun set on a missing note. And, as Mark Twain reportedly said:

*The secret of getting ahead is getting started. The secret of getting started is breaking your complex overwhelming tasks into small manageable tasks, and then starting on the first one.*

### References

1. Allen D. *Getting Things Done*. New York, NY: Penguin Books; 2001.
2. Leland K, Bailey, K. *Time Management in an Instant*. Pompton Plains, NJ: Career Press; 2008.

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