JUNO HEALTH
A DIVISION OF DSS, INC.

JUNO EHR

HELPING RURAL HOSPITALS to Counter Staff Shortages and Achieve Significant IT Savings with a More Thoughtful EHR
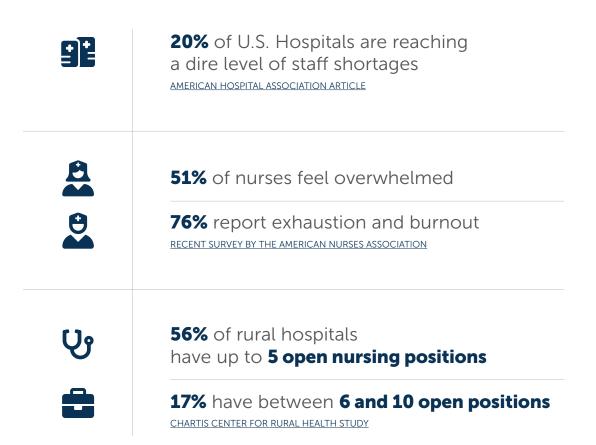
It's no secret that rural hospitals and health systems are challenged.

The COVID-19 pandemic certainly placed significant stress on profit margins, which continue today. This has forced many hospitals to make difficult decisions around operational spending, especially when it comes to dealing with limited budgets for IT investments.

On top of this, rural hospitals are facing significant staffing shortages – from clinicians to nurses and IT staff. Rural health systems also face difficulty in obtaining and retaining the necessary staff and expertise to implement and maintain a health IT system.

The following e-Book from Juno Health aims to provide a guide for rural hospital leaders of the insights they need to effectively counter current staff shortages, while also achieving significant IT savings.

THE CURRENT STATE OF AFFAIRS FOR RURAL HOSPITALS

20% of U.S. Hospitals are reaching a dire level of staff shortages
AMERICAN HOSPITAL ASSOCIATION ARTICLE

51% of nurses feel overwhelmed

76% report exhaustion and burnout
RECENT SURVEY BY THE AMERICAN NURSES ASSOCIATION

56% of rural hospitals have up to **5 open nursing positions**

17% have between **6 and 10 open positions**
CHARTIS CENTER FOR RURAL HEALTH STUDY

BAD TECHNOLOGY LEADS TO STAFF BURNOUT

Today's technologies are so antiquated that they are creating unprecedented levels of physician and nurse burnout, spoiling careers and costing medicine many talented practitioners.

Originally introduced to the healthcare ecosystem to streamline document workflows and make sharing of patient information easier, Electronic Health Record (EHR) systems share a big part of the blame – leading to clinician stress and burnout and less time for interaction with patients.

In a 2019 JAMA survey, more than half of the issues associated with clinician stress and burnout stemmed from inefficient EHR systems. According to a 2021 *Journal of the American Medical Informatics Association* study, **most nurses gave their EHRs a usability score of 57.6, which is a grade of "F."**

COSTLY EHRS ALSO SEVER CONNECTION BETWEEN PATIENTS AND CAREGIVERS

Legacy EHR systems are so costly that they are depriving other important IT priorities at rural hospitals. These monolithic systems also have high acquisition costs, with continuous maintenance costs. Increased cybersecurity investments are also needed to protect these on-premises systems.

Expensive and inefficient EHRs have also severed the personal connection between doctors and patients as well as between nurses and patients, where more time is spent documenting care than delivering care.

In fact, studies show that it takes **specialists an average of 16 minutes** to enter patient information into an EHR, and **primary care physicians take 19 minutes.**

In rural hospital settings, this connection is paramount. Rural populations often have older patient populations, higher rates of substance use and mental health conditions, and a greater burden of chronic disease.

16min

19min

THE SOLUTION:
A MORE THOUGHTFUL EHR

juno EHR

Thankfully, there is a new movement of creating more thoughtful EHRs.
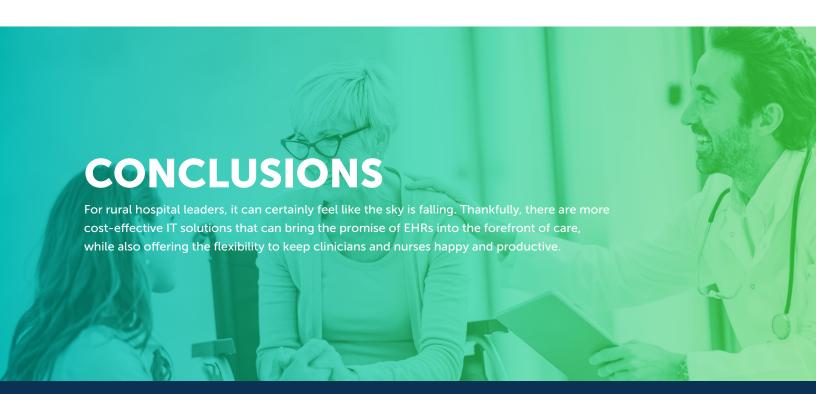
BUILT BY CLINICIANS FOR CLINICIANS.
Designed and developed with easily configurable workflows that are intuitive and user-friendly, Juno EHR helps to reduce documentation burdens. By creating a more rewarding user-experience, we can decrease nurse and clinician stress and allow them to do what they do best: to re-establish the provider-patient relationship that is so critical to positive outcomes.

JUNO EHR'S CLOUD APPROACH UNLOCKS FLEXIBILITY AND VALUE.
Legacy EHR systems have historically put a vice grip on hospital budgets, depriving other important IT priorities.

These monolithic systems have high acquisition costs, with continuous maintenance costs. Increased cybersecurity investments are also needed to protect these on-premises systems.

The flexibility of the cloud offers virtually unlimited computing power that can be paid for on a consumption basis, secure platforms for cloud native application development and a shared responsibility model for security. The shared security model allows for much of the maintenance and monitoring features to be maintained by the commercial cloud provider, not hospital or practice IT staff.

CONCLUSIONS

For rural hospital leaders, it can certainly feel like the sky is falling. Thankfully, there are more cost-effective IT solutions that can bring the promise of EHRs into the forefront of care, while also offering the flexibility to keep clinicians and nurses happy and productive.

We're about to Change **EHRything...** together.