

The Emergency Department (ED) Scribe Program

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The Emergency Department (ED) Scribe Program

Objective: To enhance patient safety and the ED patient experience by allowing providers to spend more time on direct patient care while facilitating and expediting patient throughput.

Methods: The duties of an ED Scribe include the majority of the clerical aspects related to patient care including but not limited to: Completing provider documentation such as the history of presenting illness, physical examinations, and procedure notes within the Electronic Medical Record (EMR); assisting nursing with trauma documentation, following up on lab and radiology studies for providers, preparing discharge instructions and scheduling follow-up appointments for patients. 7 Baccalaureate prepared individuals with knowledge of medical terminology, prior EMS or healthcare experience, and strong interpersonal skills were trained for 160 hours in the above topics prior to the implementation of the ED Scribe Program in August 2010.

Cerner FirstNet Reports were analyzed with focus on measures of patient safety and throughput. ED Press Ganey Surveys by discharge date were compared with percentile ranks based on 40K or more ED visits. TSI data was also analyzed to determine the financial impact of higher quality and more comprehensive provider documentation. A 6 month comparison was performed of the periods August 2009 - January 2010 (Baseline) and August 2010 - January 2011 in which 24% (9,320) of all ED charts were completed with the assistance of a Scribe.

Results: The implementation of the ED Scribe Program had a substantial impact on patient safety, ED throughput, provider productivity, patient satisfaction and financial performance including the following: Decrease in mean acuity 2 patients in the waiting room greater than 1 hour (65 patients/month to less than 10); Decrease in mean percentage of all patients in the waiting room greater than 1 hour (16.1% to 9.9%: \approx 400 patients/month); Decrease in mean walk-out rate (4.6% to 3.1%: \approx 100 patients/month); Decrease in mean door to doctor time for all patients by 10 minutes (77 minutes to 67 minutes); Increase in Mean Press Ganey Overall rating ER Care 79.0 (19th Percentile) to 81.8 (33rd Percentile); Increase in average E/M professional charge per visit by 4.3%.

Discussion: As ED's transition to EMR's, physician and mid-level productivity has been noted to decrease due to the increased indirect patient care burden of additional charting that is created by the EMR. In addition, frequent interruptions that are inherent to the ED take providers away from the EMR leaving many tasks unfinished, often delaying patient treatment and disposition.

The implementation of a Scribe Program in an ED that has mature process improvement initiatives in place produces a synergistic effect on throughput and allows the focus to shift towards direct patient care. Buy-in from providers and the entire ED staff, strong recruitment from Human Resources, and a talented IS team are vital to the success of the program.

Implications for Yale New Haven Health System (YNHHS): As YNHHS makes the transition to Epic EMR, innovative solutions such as Scribe Programs have the potential to increase operational efficiency, patient safety, patient satisfaction, and financial performance. Scribe programs will allow providers to spend more time on direct patient care while combating the decline in productivity associated with the rollout of the Epic across the health system.