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FEATURE STORY

## Taking the Next Big Leap: EHR Transitioning

by Kasaan Hammon

In today's healthcare setting, transition is in the air. As the world of medicine integrates more and more new technology into patient care, healthcare providers manage the transition from paper charts to electronic health records (EHRs). Developed in an effort to improve communication and quality of care as patients transition from one setting to another, the implementation of EHRs has left doctors themselves in transition. And as the many sayings go, change is inevitable, change is good, and change can be hard. As doctors and administrators face the challenge of electronic transitioning head-on, perhaps the best way to navigate these changes is to explore three basic questions: Why is change needed? What change is in order? How best can this change be accomplished?

Looking first at why change has become necessary in the modern healthcare setting, the reasons are ample. When surveyed, patients and their caregivers have often reported experiencing quality problems when they encounter the healthcare system. Surveys by the National Partnership for Women & Families found that there are two very consistent negative points when

interacting with the healthcare system: lack of communication and lack of coordination.<sup>1</sup> Thus, consolidating health information via electronic records ultimately seeks to facilitate both better communication and coordination of care.

From the physician's perspective, paper charting is time-consuming, taking time away from patient care. It can also be cumbersome to communicate patient records between care settings and potentially inefficient with respect to billing. Due to high demands for physician productivity, charting is typically done after patients are seen, not real-time, leaving a wide window for chart omissions and errors, as well as downgraded billing and potential for malpractice lawsuits due to such omissions and errors.

The proposed benefits of health information technology (HIT) with respect to efficiency and overall quality of care include eliminating paper medical records and expanding the exchange of health information, avoiding duplicate or unnecessary diagnostic tests and radiological services, plus *(continued on page 4)*

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## ScribeConnect at ACEP16

LAS VEGAS, NV – OCTOBER 16-19, 2016

ScribeConnect's leadership team is in Las Vegas October 16-19 exhibiting at the premier annual event attended by thousands of emergency medicine professionals from around the globe. The ACEP16 Scientific Assembly presents the latest on education, networking, policy development, and new technology.



Learn More about ACEP or attend: [acep.org/sa](http://acep.org/sa)



### Welcome aboard our newest scribes!

Ashley C, Nancy R, Elizabeth M, Narine K (Beverly Hills, CA)  
Daniel P, Bianca L, Stephani S, Elizabeth Y (Inland Empire, CA)

### New Sites, New Scribe Opportunities!

We are rapidly expanding sites in Southern California and Southern Illinois. If you know qualified scribe candidates, send them to the employment portal at [ScribeConnect.com](http://ScribeConnect.com).

## Quality of the Month: Change



"Progress is impossible without change, and those who cannot change their minds cannot change anything."

-George Bernard Shaw

"Life is one big transition."

-Willie Stargell

"Embrace the change, no matter what it is; once you do, you can learn about the new world you're in and take advantage of it. You still bring to bear all your prior experience, but you are riding on another level. It's completely liberating."

-Nikki Giovanni

# SC Spotlight

**Marjorie Fernandez** Scribe/Trainer, Santa Monica

Marjorie joined ScribeConnect in 2015 and serves as both a scribe and scribe trainer in Santa Monica, California. She is known for being focused and organized when doing her job, and she is a team player who is always willing to help out a fellow colleague. Her favorite part of her job is being able to interact with patients, doctors, and ED staff. She tells us, "I enjoy coming to work with the opportunity to expand my medical knowledge and learn from each physician I work with. ScribeConnect allows me to work with a great group of people who share the same passion and interests that I have."

When thinking about the challenging parts of the job, Marjorie says, "Other than trying to perfect my charting during a busy day in the ED, the most challenging part of the job is being on my feet most of the day." Marjorie used to come home with sore feet and tired legs, so she decided to buy shoes with great biomechanical support and added better insoles. "This really made a big difference, and now I can be on my feet for several hours with no problem."

As someone working long hours in the ED setting, Marjorie sees the benefit of the EHR firsthand. "EHR provides easy access to the patient's complete medical record and allows providers to carry out more coordinated and efficient care," she says.

Marjorie graduated from UCLA with a B.S. in Biology. Her career goal is to become a physician assistant and care for underserved communities. "I want to be able to form great relationships with patients and help them overcome the barriers to care."



Outside of medicine, she enjoys spending time with her boyfriend, family, and friends, traveling, eating different types of food, trying out new restaurants, playing sports such as basketball, volleyball, and tennis, and taking scenic pictures. And when she is not doing anything active, you can find her relaxing with her cat.

We thought we'd find out how Marjorie would deal with a sudden transition, so we asked her "If you were suddenly transported to a foreign time and place and had no idea when or where you were, what is the first thing you would do to get oriented?" Her answer: "I would find a place to eat and talk to the staff to get myself oriented in the time and place."

**Jane Wee** Scribe, Santa Monica

Jane joined the ScribeConnect family in 2015 and is appreciated by both colleagues and providers for her punctuality, organization, and friendliness. We asked Jane what she enjoys most about working for ScribeConnect, and she told us, "Medical school is a huge investment, and I'm thankful for this job for providing final confirmation that this is the career path I want. I've enjoyed getting to know all the physicians, nurses, and techs we work with, and the huge variety of patients we've seen. I also enjoy the camaraderie among the scribes at my site."

As for the more challenging aspects of being a scribe, Jane advises, "It is important to stay organized in the fast-paced environment of an emergency department. Patients are constantly coming in, patients are at all different stages of their ED stay, consults and results are coming in." Jane recommends keeping a Word document or notepad open to keep all of the notes organized and placed in the correct chart. Jane appreciates the value of the EHR to physicians because, as she simply puts it, "It is a legible, centralized place to store the patient's information."

Jane received her B.A. at UCLA and is currently applying to medical schools. Outside of medicine, she enjoys travel, long-distance running, learning electric bass, and baking.

So what would Jane do first if she suddenly found herself in an unknown, foreign time and place? "I would try to say 'hello' to a friendly-looking person and use charades or drawings to communicate."



## Taking the Next Big Leap: EHR Transitioning (continued from page 1)

(cont.) promoting cost-effective use of prescription drugs and avoiding adverse drug events, improving nurse and physician productivity, and reducing the length of hospital stays.<sup>2</sup> Transitioning to an EHR establishes the communication record and network necessary to maintain and streamline patient care from provider to provider, clinical setting to clinical setting.

The implementation of electronic health records (EHRs) as mandated by the HITECH Act incentivizes a smooth and expedient transition from paper to electronic records. However, in many instances, this requires physicians to change the way they practice medicine, and radical changes require organizational commitment along with financial investment.<sup>2</sup> Practices may lose up to 50% of patient volume, and therefore revenue, as they convert to an electronic record. These considerations have left many doctors resistant to change and overwhelmed by the added burden of having to navigate an entirely electronic recordkeeping system while maintaining an entirely human quality of compassionate care. It also calls for examination of organizational structures and possible restructuring.

A broader look at how organizations view and approach change can be helpful. Due to institutional preconceptions about change, change can be more difficult, expensive, and slower than it needs be. The management of change in complex systems, however, does require an understanding of the significance of those changes as well as their consequences in terms of performance and safety. Certain industry segments have developed cultural beliefs that in part are focused on constraining change until significant evidence indicates that unintended consequences will not occur. The two sets of perceptions—the desire for timely incorporation of change, and caution in the face of its possible effects—create a significant tension between those charged with the integration of new technology

capabilities and those who feel accountable for the consequences of such technology incorporation.<sup>3</sup>

Committees on accelerating technology transition stress the importance of creating a culture for innovation and speedy technology transition. Individuals and subcultures within an organization play a vital role in determining the success or failure of technology transition. The successful transition of new technology depends on the ability of organizational leaders to narrow the focus to what technologies should be implemented, properly assign roles within the organization to best utilize the new technology, and find champions who will remove barriers, garner support, and ensure successful implementation and acceptance.

Virginia Martin, a Medical Economics consultant and president of Healthcare Consulting Associates of NW Ohio, Inc., advises the following steps in facing the specific challenge of EHR transitioning: Make a plan; define your team; use available resources; choose a vendor; set pre-implementation, implementation, and post-implementation projects.<sup>4</sup> Defining the best team in light of EHR implementation requires examination of organizational roles within the practice, including which staff will need training on the EHR and whether implementing medical scribes to handle EHR documentation may be a better use of staff and resources.

Though facing these challenges can be daunting, there are companies which specifically provide EHR transition services to help providers navigate the process. Companies like ScribeConnect, a national scribe service provider, in addition to building and managing full service scribe programs, provide EHR transition assistance, including assistance with identifying the right EHR, customizing and integrating the EHR to the specific needs of the practice or clinical setting, training employees on the system, and

development of templates and macros specific to the practice. Services such as these during the “go-live” period can significantly reduce any productivity loss that would normally be associated with EHR transitions.

While the changes called for in healthcare today may be technological, the methods to deal with these changes are fundamentally human: reflecting on why change is needed; preparing mentally and emotionally for change; relying on good resources to ease the transition process; and ultimately, embracing the benefits change will bring.

(1) Lake Media Poll Report, “Effects of Poor Communication and Coordination in Health Care System,” Lake Research Partners for the National Partnership for Women & Families, 2010; (2) Health Information Technology Work Group, “Improving Transitions of Care with Health Information Technology,” National Transitions of Care Coalition, December 2010; (3) National Research Council of the National Academies, “Accelerating Technology Transition,” National Academies Press, 2004; (4) Virginia Martin, “Easing the Transition to Electronic Health Records,” Medical Economics, December 2010.

### WHAT WOULD YOU DO?

Inviting deeper discussion with peers...

We're taking a look at what it means to be a great scribe, careers in medicine, and dealing with the unfamiliar.

1. What makes an "above and beyond" scribe?
2. Which career is most appealing to you: doctor, physician's assistant, or nurse practitioner? Why?
3. If you were suddenly transported to a foreign time and place and had no idea when or where you were, what is the first thing you would do to get oriented?

**Consider the questions above and discuss with your peers.**

# Brain Food

## NEWS

### How to Make the Most of Life Transitions

from The Huffington Post

## BOOKS

### Top 20 Books on Managing Change

from Ready to Manage

## ENTERTAINMENT

### 35 Inspirational Movies That Will Change Your Life

from LifeHack

*What are you reading? Send us your recommendations, and we may include them in an upcoming "Brain Food."*

ScribeConnect  
TeamConnect

P.O. Box 763  
Idylwild, CA 92549  
(855) 968-6372

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## MAKE THE MATCH

Match the symptoms or exam findings in List A with the diagnoses in List B.

### List A: Symptoms/Exam Findings

1. Fatigue, bleeding under skin, anemia, damaged blood vessels
2. Rash following a single dermatome, painful, linear blisters
3. Paralysis, numbness, difficulty speaking or walking, weakness
4. SOB, calf tenderness
5. Abdominal pain, back pain, pulsing mass in abdomen, nausea
6. Diaphoresis, N/V, radiating pain
7. Severe pain, redness, and swelling of joints, particularly the great toe
8. Frequency, dysuria, suprapubic tenderness
9. Fatigue, malaise, nausea, myalgias, rash, swollen lymph nodes
10. Wandering, failure to recognize family/friends, difficulty performing simple tasks

### List B: Diagnoses

- a. Mono
- b. PE
- c. UTI (urinary tract infection)
- d. Copper Deficiency
- e. Shingles (herpes zoster)
- f. Alzheimer's Disease
- g. AAA (abdominal aortic aneurysm)
- h. Stroke (Cerebrovascular accident)
- i. Gout
- j. MI

**Check your answers with your peers at your next site meeting.**