

Easing the Burden of charting for primary care providers

OLDE TOWNE MEDICAL AND DENTAL CENTER

CHC LEADERSHIP INSTITUTE LEARNING PROGRAM 2016-17

CAPSTONE TEACHBACK: JUNE 6 & 7, 2017



1. Focus

Describe the general focus of your project:

Restoring Joy in practice for primary care providers in a busy rural health clinic.



JOY
AT
WORK

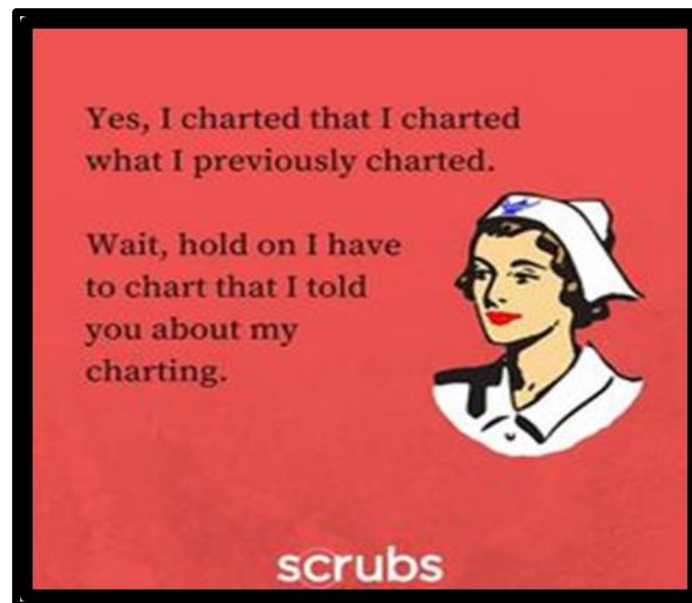
2. Team

List the team members who worked on the project:

- Kendra Robinson, MSN, RN, CDE
- Denise Bowles
- Lindsay Bowles
- Paula Wozniak, DO
- William J. Mann, MD

3. Need

The project addressed the need for more meaningful use of time for providers and relief from the burden of documentation.



3.5. Need

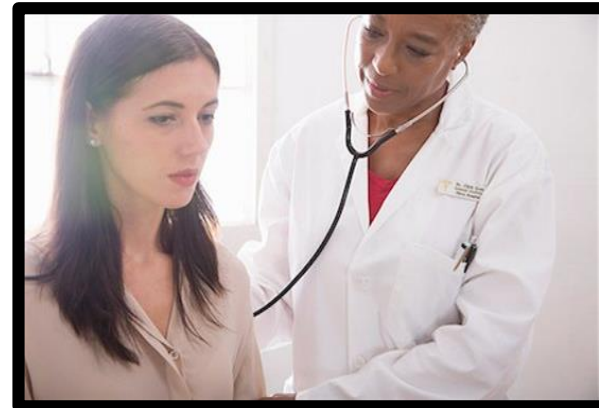
- Capturing pertinent data electronically during a medical visit can be challenging for providers who would rather interact directly with patients instead of focusing on a computer during the medical visit.
- For providers who spend time face to face with patients, having to go back after the visit or at the end of the day to chart can be a burden.

#27

I wish I had an
assistant who would
follow me around and
chart everything for
me – I HATE charting!

4. Objectives

- Reduce the amount of time providers spend charting valuable information.
- Increase the amount of time providers are able to spend face to face with patients.
- Streamline data entry to create ease of data collection at a later date for reporting purposes.
- Maintain compliance with Medicare regulations by having all charting completed by the end of the patient visit.



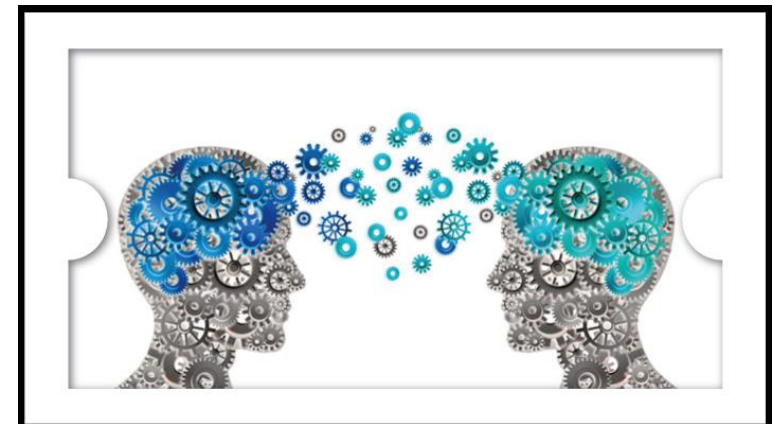
5. Assets

Describe the key assets (people, systems, resources) your team engaged to help develop and execute the project:

- Volunteers
 - 2 college students-used as scribes
- One Physician
- One Nurse
- One MA

6. Action Strategies

The team met to brainstorm and discuss potential for positive outcomes that could be achieved by reducing charting time for providers. Positive outcomes included meeting criteria to qualify for meaningful use, increased provider satisfaction, increased patient satisfaction, more down time for providers, faster patient visits, decreased patient wait times.



7. Action Plan

1. Team Meeting

- Select project; identify needs among staff and needs for improvement in clinic
- Recruit provider who expressed interest in documentation assistance and was willing to participate with the project

2. Review work flow and patient flow of chosen provider

- Data collected: Number of patients seen daily, Number of charts completed; outlying paperwork needing completion for patients, Number of messages answered, Down time for staff, Missed lunches/breaks

3. Recruit volunteer scribes

- Recruit volunteers from the local college

4. Train scribes

- Training provided by in-house EHR expert and included introduction to our EHR and the Scribing process
- Development of streamlined charting methods to ensure ease of use and meet criteria for meaningful use

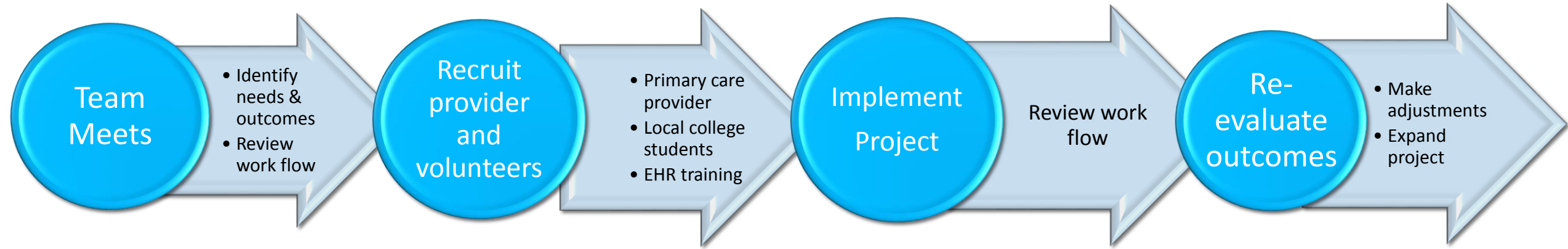
5. Team meeting

- Included primary care provider and support staff, volunteers, and core team members

6. Project implementation

7. Review work flow for improvement

8. Follow up meeting to problem solve and improve original project



8. Team Development



- Attendance and participation in the Virginia CHC Leadership Institute
- Initially, bi-weekly meetings for planning
 - Off site lunch meetings were the most popular
- Team meeting with provider and support staff and volunteers to brainstorm and plan implementation of project.
- Assigned team coach
 - Coach was assigned to be the cheerleader and address concerns/questions
- Bi-Monthly meetings after implementation of intervention



9. Testing & Refinement

Describe how your team refined its planned action strategies based on your experience with implementation:

- **Problem:** After learning to use the EHR, the scribes were unsure of how to best “fit in” during the patient visit to capture information and not be obtrusive.
 - **Intervention: Shadowing**
 - Each scribe shadowed the primary care provider prior to officially scribing.
- **Problem:** The number of patients scheduled was too great to provide adequate care, complete documentation and get off work on time.
 - **Intervention: Reduced appointment hours**
 - The provider’s schedule was cut by one hour in the evenings to allow time to destress from the tasks of the day, complete documentation and leave work on time.

9.5. Testing and refinement

- **Problem:** Even with the inclusion of a scribe, time was lost during the day performing patient tasks that could have been discussed prior to the day's visit.
 - **Intervention: Team huddle**
 - The first appointment of the day was moved back 15 minutes to allow the team to interact with one another in a relaxed environment, and prepare for the day by discussing the needs of each patient scheduled for the day.



10. Results to Date



PRE-PROJECT IMPLEMENTATION

Number of patients seen daily	7 (average)
Number of charts completed by the end of the day	0 out of 7
Messages answered daily	Only urgent
Down time	None
Missed lunches/breaks	3 times per week

POST PROJECT IMPLEMENTATION

Number of patients seen daily	10 (average)
Number of charts completed by the end of the day	10 out of 10
Messages answered daily	All
Down time	10-20 minutes Available daily
Missed lunches/breaks	One per month

11. Lessons Learned and next steps

- **Lessons learned:**
 - Creating shadowing experience for volunteer scribes helped them understand the provider's style and current work flow as well as enhancing the relationship between the provider and the scribe creating a true "team culture" between provider, scribe and nurse.
 - Reducing appointment hours restored joy for support staff who no longer had to stay late to complete patient care and were able to go home on time.
 - Happier staff was much more productive.
 - Streamlined charting enhanced opportunity to meet criteria for meaningful use.
- **Next steps:**
 - Evaluate patient satisfaction with new process by using patient surveys.
 - Begin planning steps to expand this project to other providers in the practice.