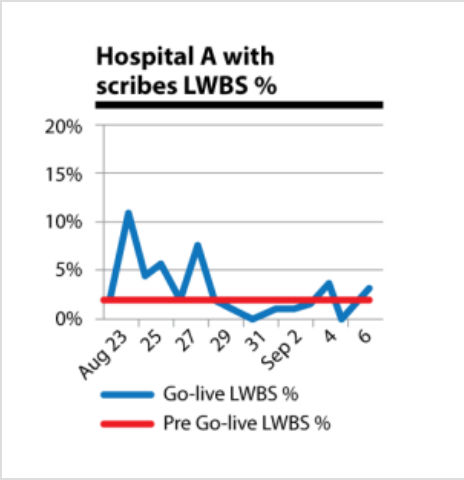
Epic EHR Case Study going live with and without Medical Scribes

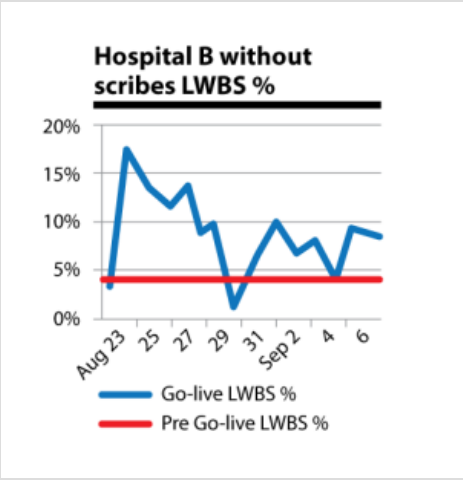
Posted on **January 14, 2014** by **Michael Murphy, MD**

Much of the talk in the EHR industry centers on the on the giant Epic EHR and their impressive portfolio. I personally spent four years documenting on Epic and can say it has some impressive components to it, however, in my opinion it was not built for the fast paced ED physician. When approaching new clients, we commonly warn C level executives about the potential productivity losses they will soon face with a un assisted rollout. This has a tendency to not carry much weight since the EHR vendors have promised so much in terms of gains. For us in the industry we know how and why medical scribes greatly increase productivity. But if you were on the fence before about scribes we've brought you this case study to illustrate their real power and benefit for your facility.

Let's compare two hospitals the week they went live both using the same Epic EHR system. One facility went live with and the other without medical scribes. Both of these facilities are located in the state of Indiana and are part of the same health system. They also have very similar patient mixes and each was also previously using the "Gold Standard" voice dictation before going live on Epic.

To start, let's first take a look at the **LWBS** (left without being seen) statistic as a percentage for both hospitals. The charts below show the average **LWBS** before the go-live on Epic, and then how that percentage progressed after the new system was activated.

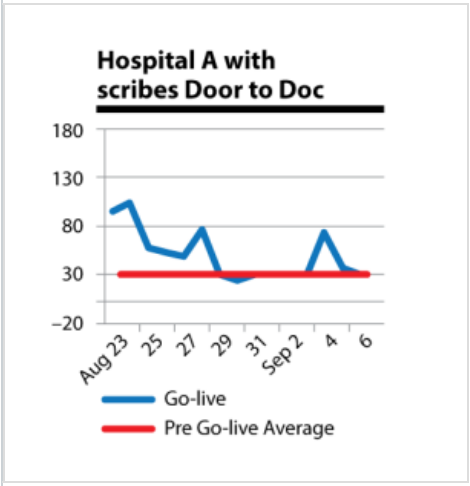


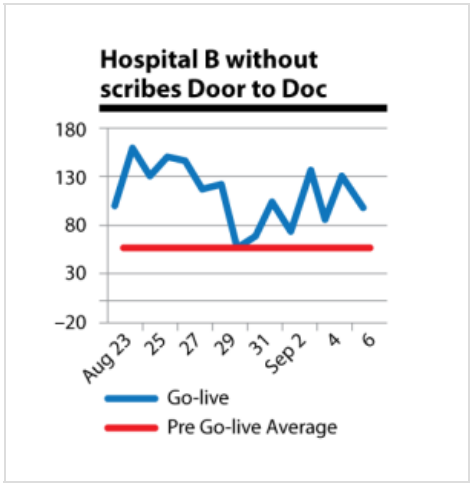


In the chart above, **Hospital A**, the one initially using scribes on their go-live date, pre Epic had **LWBS** as high as 2.71 percent. You can see that the **LWBS** percentage jumped up right after the go-live. Now with medicals scribes this hospital's post Epic **LWBS** is 0.27 percent. It's also important to know that additionally the volume here rose by 7,800 year to year, and **door to provider** time, which was initially 30 minutes, is now down to 10 minutes as described in the next set of charts.

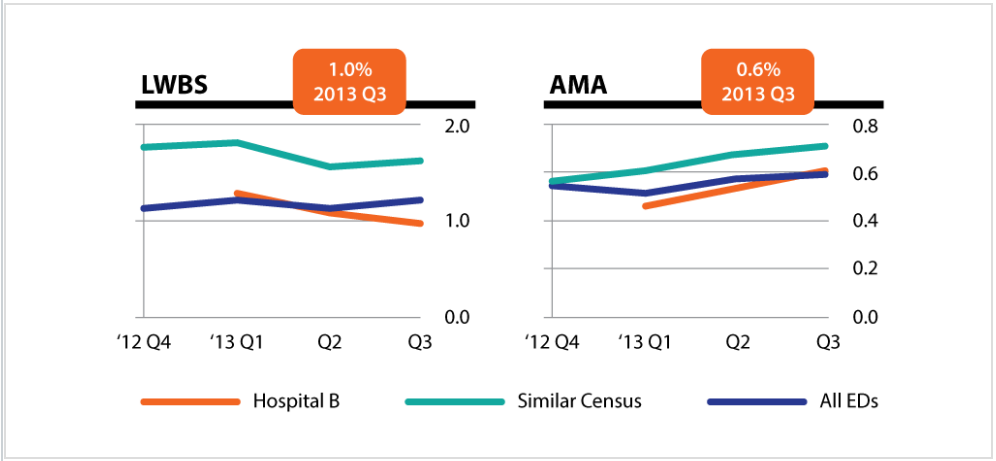
Hospital B sadly fared much worse with their go-live. Their **LWBS** percentage jumped to almost 20 percent and stayed relatively high around, 10 percent, over the following week, with one exception around the end of August. But even after coming down from its highest point, the **LWBS** percentage was still persistently high for a facility that used to have a **LWBS** lower than five percent.

Hospital B faced similar challenges when it came to **door to provider** time as well after their go-live. Pre Epic the facility had about an hour for **door to provider**, but that jumped up to a high point of about two and a half hours during the go-live then down to a middle of about 90 minutes.



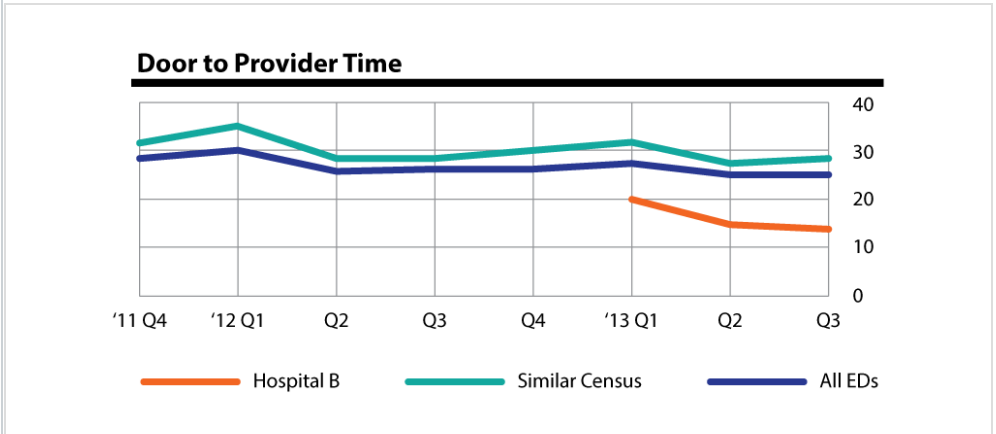


Now lets compare them both months later after both locations added scribes.



Above are some statistics from **Hospital B** after they added medical scribes. Before going live on Epic this facility had a **LWBS** of five percent. But now with the addition of medical scribes, their post Epic go-live **LWBS** is one percent. Which as you can see, according to the charts, is much less than similar emergency departments and all ED's as a whole.

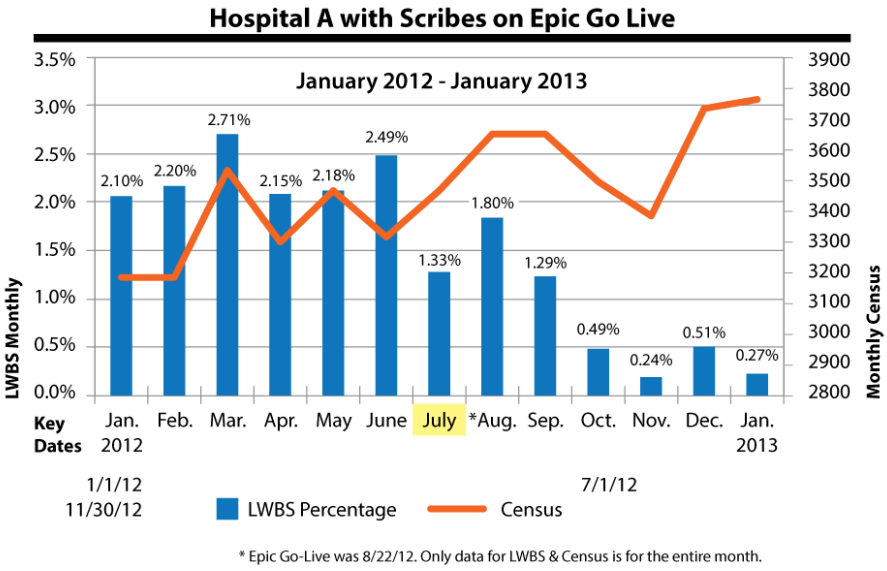
In the second chart here, also from **Hospital B**, the percentage of patients leaving the ED **AMA** (against medical advice) increased along with the number for the industry as a whole. However that increase was only by 0.6 percent and much lower than the national rate.



Door to Provider Assigned

A similar trend as described above with **LWBS** and **AMA** numbers can be seen for **Hospital B** above with **door to provider** time. Pre go-live it was at 50 minutes, now it stands at an impressive 13 minutes.

Finally below you can see the statistics for **Hospital A** which went live on an Epic EHR system with medical scribes. The monthly **LWBS** percentage had held steady for a time around 2.1 to 2.71 percent, but as the implementation of the Epic EHR system took place you can see that the **LWBS** percentage declined and has stayed down, even as monthly census volume increased nearly 25%.



Conclusions

As you can see from the data here, there is little doubt that medical scribes make the transition to an EHR system much smoother than it otherwise would be. But the benefits do not stop there, over time as demonstrated here, medical scribes are able to increase facility productivity to levels even better than before the EHR implementation.

MICHAEL MURPHY, MD

Dr. Michael Murphy is co-founder and Chief Executive Officer of ScribeAmerica, LLC. He co-founded ScribeAmerica in 2004, and it is now the country's largest and most successful medical scribe company with a staff exceeding 3600 employees operating in over 40 states nationwide. Today, ScribeAmerica is the recognized leader of the medical scribe industry and remains at the forefront of professional scribe education, training, and program management nationally. Dr. Murphy served as an Army Ranger for the 1st Ranger Battalion in Savannah, Georgia, which allowed him to gain various leadership skills along with the ability to develop standard operating procedures. He applies this to his daily duties for ScribeAmerica. Dr. Murphy has been a leader on multiple issues including scribe policy, Emergency Department throughput, electronic medical record implementation and optimization of provider to patient ratios. His goals are to continue making all medical practice locations an environment built for an exceptional patient experience that allows providers to focus solely on patient care. Dr. Murphy received his Doctor of Medicine from St. George's University and completed his residency training in Emergency Medicine at the University of Medicine and Dentistry of New Jersey in Newark. He has co-authored one textbook and is involved in 3 peer review articles.

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