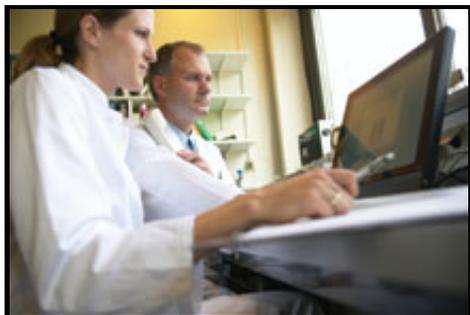


Scribes Program Helps Doctors, Patients

TED GRIGGS

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A program that pairs pre-med students with Emergency Department physicians is helping Ochsner Medical Center-Baton Rouge cut the time it takes patients to see a doctor by nearly half.

In the Scribes program, pre-med students document the patient history and exam findings as the physician is gathering that information, said Kelly O'Callaghan, TeamHealth director of Scribe Services. The scribes also track the pending labs and tests, helping physicians with those sorts of administrative duties.

“One of the biggest benefits to Scribe programs is that the face-to-face interaction between the patient and the physician is maintained,” O'Callaghan said, “because the physician is not stuck behind a computer.”

That's a challenge when a hospital moves to electronic medical records, O'Callaghan said.

TeamHealth regional medical director Dr. Jon Cuba said the process can turn physicians into the most highly paid secretaries on the planet.

The Scribe program gives doctors a little bit more ability to sit with and talk directly to the patient, to make eye contact and listen to what the patient is saying, Cuba said. Meanwhile, the Scribe is recording things like the details of surgeries the patient has had and other answers to the physician's questions.

The face-to-face contact has helped improve patient satisfaction scores, Cuba said. Still, the most important factor in patient satisfaction is the door-to-doctor time.

“When they're scared and they're hurt, the faster they get (to see a doctor) the happier they're going to be,” Cuba said.

Ochsner is part of a nationwide trend. According to the College of Emergency Physicians, more than 400 physician groups and 1,000 hospitals use scribe services. ACEP says scribe benefits include improved physician productivity, physician and patient satisfaction, and faster adoption of electronic medical records.

Ochsner began its scribe program in April 2011.

Cuba said the program has helped Ochsner address one of the biggest challenges for hospital Emergency Departments: hold times.

Ochsner has looked at every aspect of the issue – even examining the times and methods used to clean hospital rooms – on every level, from administration to housekeeping, Cuba said. All those things have had a cumulative effect, but the Scribe program has had a huge impact.

In 2010, Ochsner's door-to-doctor times fell in the 40- to 50-minute range, Cuba said. Those times have been cut by close to 50 percent.

In January, Ochsner's door-to-doctor times averaged 27 minutes, he said. The percentage of patients who left without treatment, which had been around 2 percent to 3 percent dropped to 0.94 percent in January.

"That's with a staggering increase of patients coming through the door," Cuba said.

Ochsner would be proud of the reduction if it came without an increase in patients, he said. But after averaging around 120 patients a day in the Emergency Department in 2011, Ochsner opened 2012 by seeing 136 patients a day.

Ochsner has 40 hours of ER coverage a day, or four doctors working 10-hour shifts, with scribes accompanying each doctor, he said. The hospital has around 10 scribes.

O'Callaghan said the scribes undergo 30 hours of classroom training, learning coding, documentation and medical terminology, and 50 hours of clinical training, working with a trained scribe in the hospital.

The goal is to get the scribe to anticipate what the physician needs, to know what labs the doctor is ordering and their priority, O'Callagan said. If the doctor has to explain each time what he or she is ordering and the priority of those items, having a scribe would make the process slower.

Cuba said Ochsner hoped the program would help doctors see two additional patients per shift, or 0.2 per hour.

The hospital is getting close to that, with physicians averaging 1.3 more patients per day, Cuba said.

The program's other benefits include a vast reduction in the amount of undocumented services, Cuba said. The scribes help remind physicians of what's been done so undocumented services have become almost non-existent.

The program has also helped physicians to see patients at a more uniform rate, he said. Before scribes, some physicians were fast, some were slow, with treatment numbers all over the map.

After the program's implementation, the treatment numbers look more like a buckshot grouping, Cuba said, which makes staffing nurses more efficient.

"You can have a hundred nurses down there, but if the providers aren't going to move this number of patients because you have two slow doctors, well, you're really wasting a resource," Cuba said.

O'Callaghan said being a scribe offers "an unparalleled experience" for a pre-med student.

The ER doctors may see 20 or 30 patients a day, which means the scribe sees the same number, she said.

"I've had doctors tell me they would have done this job for free," O'Callaghan said.

And some of the scribes have said they would pay to have this internship, she said. Actually being paid for the work is an added bonus.

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