

Impact of the Scribe Program on Emergency Physician Productivity

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Objectives: Emergency Departments (ED) across the nation face the challenging task of dealing with an increase in population. This situation brings multiple problems like overcrowding and long waiting times. One solution that has been proposed is the use of a Scribe Program to help decrease the load. The goal of this study is to investigate the impact of the Scribe Program in the productivity of the Emergency Physician.

Methods: Data were collected over 17 months to permit pre- and post-program comparisons, and to take seasonal variations into account. For the pre-intervention period, daily summaries of ED activity were collected from January 1 through May 31, 2008 prior to the implementation of the scribes program (n1 = 152). The following period from June 1 through December 31, 2008 was treated as a rest period to avoid bias due to seasonal differences. The scribes program was implemented at the start of the third period, January 1 through May 31, 2009 (n2 = 151). The raw measures of ED activity were hours, patient visits, and relative value units (RVUs) for physicians. These raw measures were used to compute three efficiency measures: RVUs per patient, patient visits per hour and RVUs per hour. Descriptive statistics were produced for pre- and post-intervention periods. Independent sample t-tests were used to compare the pre-scribes and post-scribes program periods. Levene's Test of Equality of Variances was used to determine the method of calculating t-test results. All analyses were conducted using IBM SPSS Statistics 18.0.

Results: After the implementation of the Scribes Program, patient visits and RVUs increased significantly. Patient visits per hour increased by 0.54 for an average of 25.87 additional visits per day. There were 100 additional RVUs generated each day for an average of 2.111 additional RVUs per hour. The number of RVUs per patient decreased by 0.049 and the number of hours worked by physicians on average dropped by 0.63 hours per day both of these measures are statistically insignificant. When examining these raw measures of production and labor, production increased while labor remained flat for physicians.

Conclusion: A Scribe Program can be a valuable tool in the ED. It increases the productivity of the Emergency Physician and can help with the problem of overcrowding and long waiting times.