

Allina Clinics

Reconnecting with Patients through Scribing

A conversation with Amy Hauptert, Family Physician
Cambridge, Minnesota
11.31.11

“I get to look at my patients and talk with them again. We’re reconnecting,” says Dr. Amy Hauptert, a Cambridge, Minnesota family physician, about the new nurse-scribe model she has developed with her team. “I’m not dealing with the computer in front of patients, and work is still getting done.”

Like many physicians Hauptert, the lead physician in her satellite clinic of 100 physicians, found her group’s EHR implementation slowed her down and added hours to her workday. “All the docs, myself included, found when we moved from the paper world to the computer we were seeing fewer patients and spending more time outside of patient care, doing work at home or extra time in the office. Our doctors were spending 1.5-4 hours of their personal time each day finishing their work.”

Hauptert also found she was doing tasks in the EHR previously done by others, tasks that didn’t require her medical training, such as keyboarding orders for routine blood work, typing the visit note or selecting an antibiotic prescription through a series of drop-down boxes. In addition questions previously handled in a few seconds through verbal messaging were taking several minutes to resolve through electronic messaging.

So when Allina, the parent organization in which she practices, offered two pilots for “Care Model Change” she jumped at the chance, choosing the scribing model. “When I saw the presentation on the scribing, I thought ‘I can do this.’ I spent a lot of time thinking about the model and how to make it efficient...communication, workflows, etc.”

Scribing Model

Hauptert works with 2 LPN’s, each of whom also serve as scribes. Each nurse typically follows a patient through the entire visit, first rooming the patient, then returning with the physician to scribe the “SOAP” note. During the exam Hauptert calls out any abnormalities, which the LPN records in the standardized visit template. When Hauptert tells the patient “I think you have bronchitis, we’ll begin Cefitin 500 mg BID x 10 d” the LPN flips to the order entry screen and

queues up the prescription, which Dr. Hauptert will soon sign. With this help, Dr. Hauptert feels relaxed and has more time for conversation with the patient.

Before leaving the room Hauptert asks the nurse if she has any questions, reviews the orders and ensures that communication was clear. After the physician verifies the orders for accuracy the nurse signs the orders. The nurse then remains in the room, schedules any upcoming appointments and labs, and completes the after visit summary, reviewing instructions with the patient. The nurse provides the patient with their return appointment card, lab ticket, and the printed after visit summary.

“Our patients get an after visit summary which I didn't have time to do before. This is a summary of their visit with meds and reminders, etc.” And if the patients call in with questions between visits, the nurse, who was in the room during the visit, is well-equipped to handle the call. “My nurses enjoy working more closely with the patients and their families.”

The team continually refines the visit templates and processes for efficiency and accuracy. They have developed a comfort level giving each other feedback. It takes an investment in training and trust. “I might review a note with the nurse to explain why something has to be charted in a certain way, so that they know for next time. Likewise the nurse might remind me that if I tell them the orders early on they can get them entered while we are in the room.”

The team found they didn't need scribing for pre-operative visits, well-child visits and OB visits. During these times the nurses work the in-basket, managing items that do not require the doctor's input, such as prescription refills per protocol or clinical questions better reviewed verbally with the physician. “Communication throughout the day is crucial to efficiency. We can answer questions on the fly rather than waiting to get back to the computer and pinging messages back and forth on the computer.” Hauptert's group also shares a pool of nurses who manage triage, refills and incoming calls; considering this staff her total nursing support is approximately 2.5 nurses per physician.

At the end of the day Hauptert finishes her review of the day's notes and labs, a process that takes about 30 minutes, whereas previously she spent about 90 minutes finishing typing up her day's charts. “My productivity is up but more importantly my time spent working outside of patient hours is less.”

In addition to going home an hour earlier, Hauptert feels she is able to deliver better care to her patients. “My panel is large with long wait times. I was losing patients who couldn't get in when they needed me. This model allows me to open 3-4 slots for work-ins so I'm now able to fit in sick patients for same day visits.”

Dena Smith, project manager for Allina Hospitals and Clinics explains their primary care pilots: “The strategy is to expand the clinical support staff to create a team approach, spread the work to the most appropriate team member, and thus add capacity to improve quality of care, patient experience, manage costs and save time for the whole care team.”

Outcomes

Patient satisfaction scores, good to begin with, have further improved, as have disease metrics. Hauptert now sees an average of 21 patients per day, compared with 17-18 in the traditional model. Her work satisfaction and that of her staff have improved.

Lessons Learned

What has she learned from this redesign work? “You have to be willing to delegate. It also takes time upfront and on a continual basis to mold everything to make sure it works without mistakes. It takes time to teach the nurses exactly which type of CT to order, for example, because there are so many choices. ” While initially adding the roles of scribing and order entry were foreign to the nurses, they soon realized they learned more and were more involved with the patients in this model.

After a transformative first year, refining roles and processes, Hauptert sees it as her mission to help other physicians within her organization adopt this model. “My goal has been to do it well so I could spread that extra help to the rest of the docs at my clinic.” She has already helped a second physician get up to speed on the model. The day we spoke nurses from a third physician’s practice had spent the day on site with her staff to learn the ropes.

“Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.”