

Back to Bedside: Improving Documentation Efficiency in Med-Peds Continuity Clinic

Combined Internal Medicine and Pediatrics Residency Program

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BACKGROUND

- The 2021 MUSC Med-Peds Press-Ganey survey showed scores lower than prior years and lower than national average in areas of wellness including *balancing work life and personal life* and *freeing mind from work when away from it*
- The wellness portion of the 2020-2021 ACGME resident survey shows program scores below national mean for *time to think and reflect* and *level of engagement in work*
- A 2019 survey of 293 Internal Medicine program directors cited the EMR as the top contributor to resident burnout
- The ACGME Back To Bedside initiative¹ includes 5 themes describing the ideal learning environment including *more time spent at the bedside with patients* and *reduced time spent on nonclinical or administrative responsibilities*
- We aimed to improve documentation efficiency, reducing nonclinical load and increasing time spent with patients, to ultimately improve resident wellness through patient engagement and meaningful work

AIM STATEMENT

- Improve percent closed encounters within 24h of visit by 10%
- Improve resident satisfaction with ratio of time spent with patient to time spent on documentation by 50%

MUSC Pillar: People (employee satisfaction/retention/wellness)

¹Hipp et al. "Back to Bedside": Residents' and Fellows' Perspectives on Finding Meaning in Work" *J Grad Med Educ* (2017) 9 (2): 269-273.

METHODS/INTERVENTION

Three efficiency interventions were developed by a Med-Peds Chief Resident and presented to residents including:

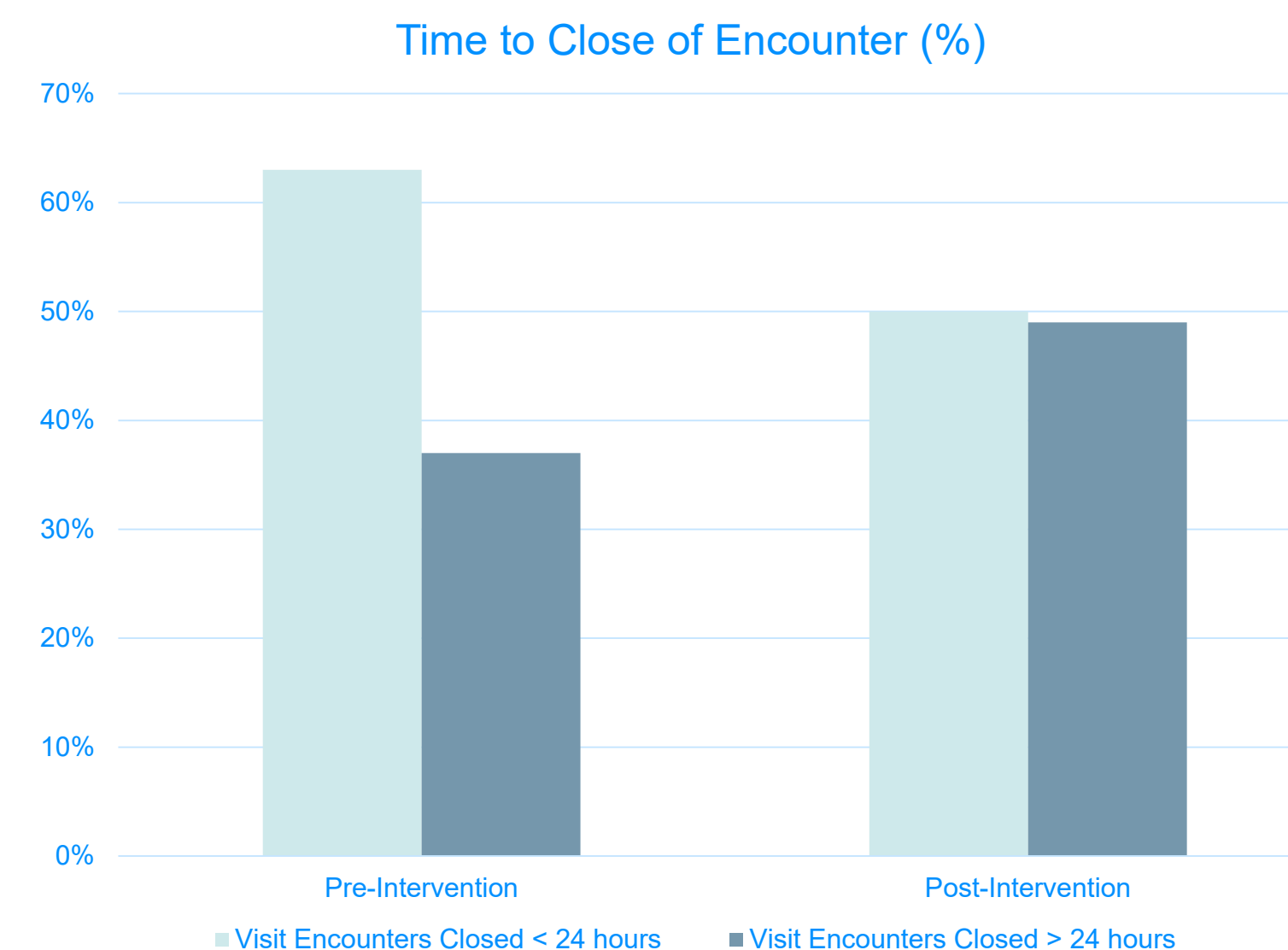
- Pre-charting and Post-visit Communication (October 2021)
- Dots and Dictation (November 2021)
- Designing an Effective Visit (January 2022)

Pre- and post-intervention surveys completed by all residents in the Med-Peds program assessing satisfaction with charting efficiency and time with patients

Control data of percent chart closure within 24h of encounter (April 2020-June 2020) compared to intervention data (Jan 2022-March 2022)

RESULTS

- 79% of residents indicate that documentation hinders direct patient care time
- 75% of residents who participated in at least one intervention felt overall time spent charting per visit was reduced
- Post-Intervention Results
 - Dissatisfaction with time spent on documentation decreased from 79% to 58%
 - Overall perceived inefficiency decreased from 64% to 33%
 - Perceived pre-charting efficiency improved from 29% to 58%



CONCLUSIONS

- All residents felt that interventions were beneficial
- Although percent chart closure within 24h of encounter did not show improvement following interventions, resident satisfaction and perceived documentation efficiency did increase

BARRIERS:

- Ensuring all residents viewed all interventions
- Limited post-intervention data
- Unable to provide efficiency feedback in real time due to manpower limitations

NEXT STEPS

- Build efficiency presentations into intern orientation to encourage efficient EMR charting early in training
- Reiterate presentations to current residents to reinforce learning
- Continue tracking time to chart closure for more accurate data
- Discuss efforts with categorical Pediatric and Internal Medicine program leadership for broader adoption of efficiency techniques
- Continue tracking resident wellness scores