

Back to Bedside 2: Improving EMR Efficiency in Med-Peds Continuity Clinic

Combined Internal Medicine and Pediatrics Residency Program

PD: Sarah Mennito

BACKGROUND

- 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*
- A 2019 survey of 293 Internal Medicine program directors cited the EMR as the top contributor to resident burnout
- Phase 1 of this project performed in 2021-2022 demonstrated that most MUSC Med-Peds residents feel documentation hinders time for direct patient interaction. With interventions, resident dissatisfaction in time for documentation from 79% to 58% and perceived inefficiency decreased from 64% to 33%. However, there was no improvement in time to encounter closure.
- By entering a second phase of this project, we aim to continue 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 perception of documentation efficiency 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

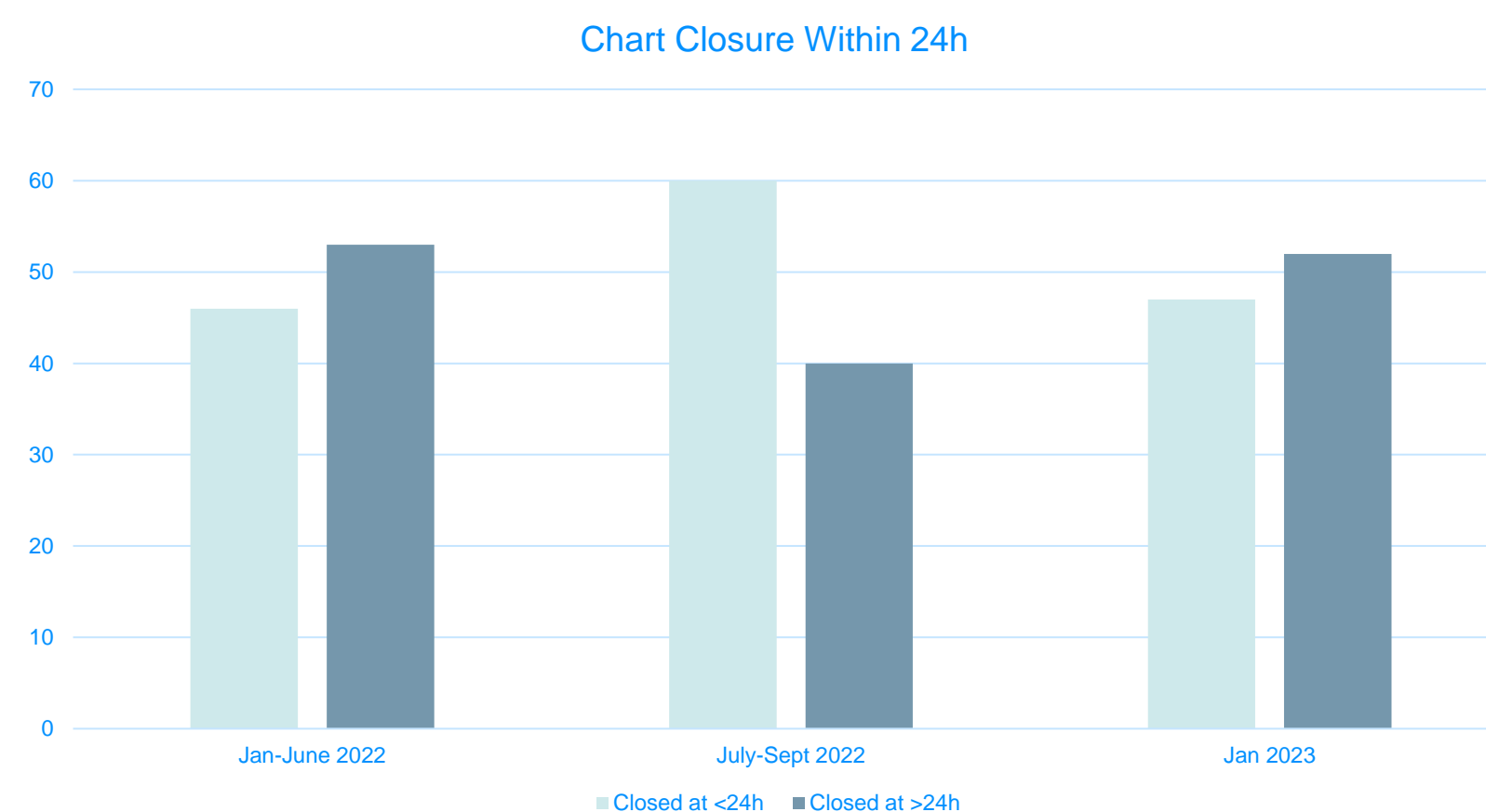
Four efficiency interventions were developed by Med-Peds residents and faculty. All incoming interns experienced the interventions during orientation and in addition, they were presented to all residents as noted:

- Pre-charting and Post-visit Communication (October 2022)
- Dots and Dictation (November 2022)
- Designing an Effective Visit (January 2023)
- Inbox Management (February 2023)

Pre- and post-intervention surveys were completed by all Med-Peds residents assessing satisfaction with charting efficiency and time with patients.

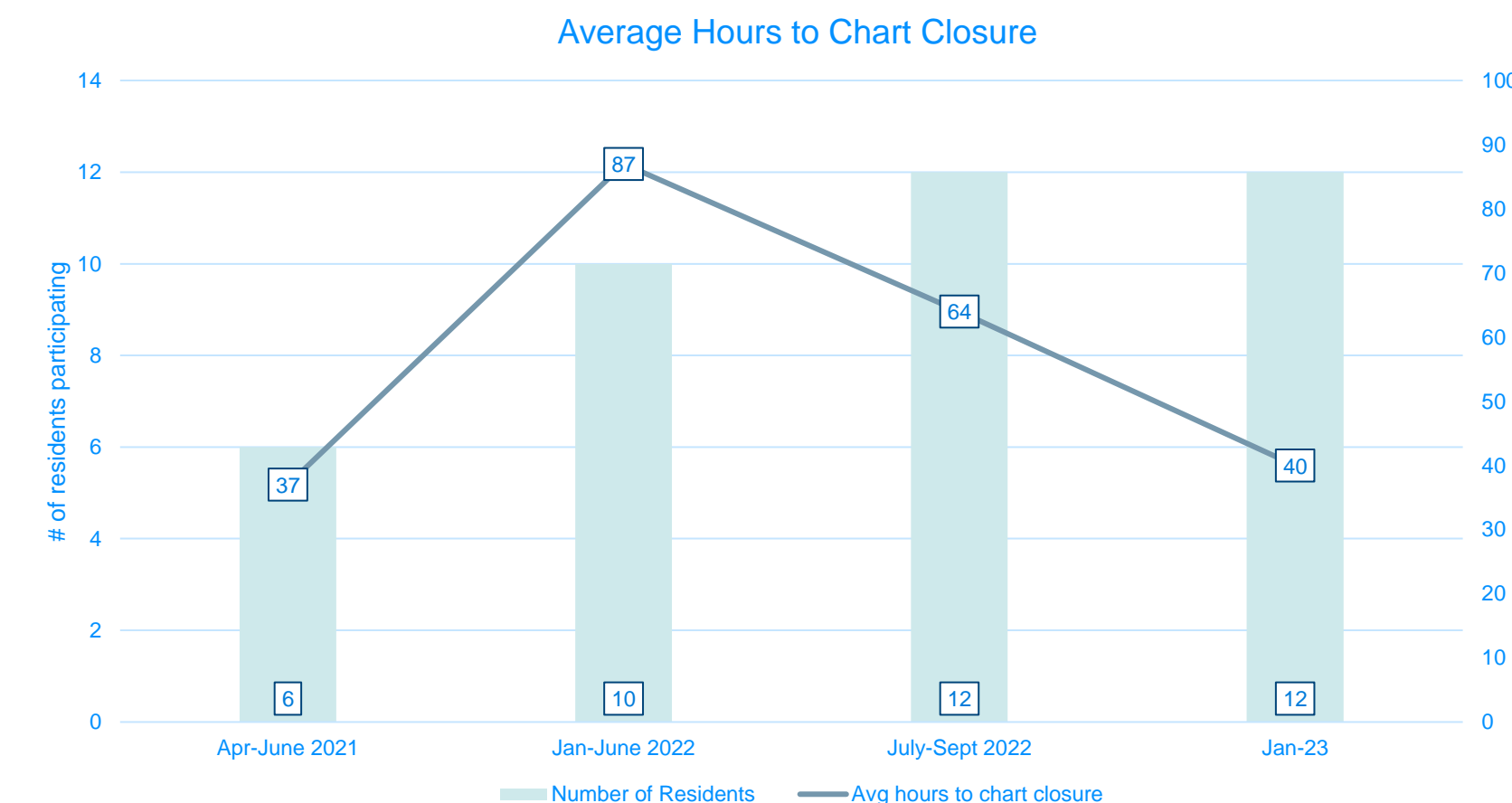
Charting time data: Phase 1 pre-intervention (April 2021-June 2021), Phase 1 post-intervention (Jan 2022-June 2022), Phase 2 pre-intervention (July-Sept 2022), Phase 2 post-intervention (Jan 2023)

RESULTS



Survey Data (n=13)

- 54% of residents feel they spend less time documenting per visit following interventions
- Post-intervention, 46.2% of residents agree that they are efficient in primary care documentation compared to 25% pre-intervention



CONCLUSIONS

- While resident perception of time spent on documentation did improve, chart closure at 24h did not improve with interventions
- Over the course of phases 1 and 2 of this project, average time to chart closure has improved, despite twice as many residents being included in data collection

Barriers:

- Annual changing complement of residents requires retraining
- Unable to provide personalized/individual interventions or assess individual utilization of intervention techniques

NEXT STEPS

- Continue to include efficiency presentations in intern orientation to encourage efficient EMR charting early in training
- Develop interventions for efficiency in the inpatient setting
- Consider opportunities for residents to participate in personalized efficiency training
- Identify systematic barriers other than the EMR that hinder face-to-face time with patients and negatively impact resident well-being

Contact: Sarah Mennito mennito@musc.edu