



## EPIC BUSINESS



### SCRIBE ADVANTAGE

Robert H Parker, CEO

As our hospitals switch to an all-electronic medical records including CPOE, our physicians are spending more time in front of computers rather than with their patients. At the same time, our hospitals are requiring us to improve patient through-put times and increase patient satisfaction. As the medical profession has transitioned from paper to the digital medical record, the gains in efficiency through the utilization of scribes have given ED doctors a solution to offset the productivity losses stemming from the time-consuming click-intensive nature of the EHR. By tracking down ancillary medical data, documenting elements of the patient encounter, facilitating communication between ED staff and ED doctor, today's physician is unburdened by the growing demands of documentation and can spend more time with medical decision making and at the patient bedside. The patient wins because the provider gets to spend more time with them, and the provider wins because they can spend more cognitive time on the patient rather than finding what box to enter this information.

Other benefits of a scribe program include:

- Increasing revenue significantly
- Increasing physician job satisfaction and performance by easing frustration
- Increasing overall patient satisfaction with increased patient-provider face time
- Assists in recruitment and retainment

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### IMPORTANT DATES

#### **Mark your calendar!**

\* March 7, 2012—Journal Club Meeting

\* November 16, 2012—Annual Meeting

Both meetings to be held at Zion's Bank Building

One South Main Street, 18th Floor, SLC

## SHAY HOLLEY, MD, NEW BOARD CHAIR

Dr. Shay Holley grew up in Slaterville, Utah, and served an LDS mission in Osaka, Japan. He graduated from Weber University and University of Utah School of Medicine and completed his residency at the Akron City Hospital. Shay currently works at both Davis Hospital and Medical Center and at Ogden Regional Medical Center. He serves on the Board of Trustees at DHMC and is the ED Medical Director for that facility. He has returned to his roots in Slaterville, where, with his wife and five children, he gardens, hikes, raises cattle and has a small apple orchard.



## The Power of Comparative Negligence

Roger S. Perry, MD, PhD, FACEP

The Concept: Comparative negligence is a rule of law applied in injury cases that assigns responsibility and damages based on the negligence of every party directly involved in the injury. Comparative negligence can reduce the award of damages to the plaintiff in proportion to his/her fault.

The Application: Comparative Negligence has relevance in malpractice law. The more responsibility, which is shifted to the patient for their own care, the more their comparative negligence could be, if there is a bad result. This is especially true, if the patient fails to follow strong and specific discharge instructions given to them and this failure contributes to a bad result.

The Problem: EPIC chart reviews reveal that many EPIC providers do not take advantage of this mechanism to reduce their risk. Often discharge instructions are terse, ambiguous and lack specifics, such that a plaintiff's attorney could easily discredit these shoddy instructions.

The Solution: The discharge instructions should clearly indicate that the patient has been given certain, well specified, responsibilities in their further medical care. There have been many potential legal actions, which were aborted, when the plaintiff's attorney discovered that the patient failed to comply with specific discharge instructions.

### The Five Potent W's:

Who

Why

Where

Warnings

When

The Process: The following guidelines are designed to take advantage of the doctrine of Comparative Negligence and are consistent with national risk management recommendations. These guidelines apply to all patients discharged out of the emergency department.

-Discharge instructions should be composed, so as to dictate, that there is a clear responsibility of the patient for their own care.

-This can be accomplished by using **action verbs** such as “make”, “see”, “call”, “return”, etc..., when directing the patient to make post discharge follow up arrangements

-The chart should indicate that the patient has been warned of specific issues regarding known or potential medical conditions relative to their visit.

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## EPIC SULLIVAN COURSES—2012

### Courses Recommended for Physicians

Herpes Simplex Encephalitis

The Psychiatric Patient; Danger to self or others

Case 15: Thoracic Aortic Dissection

Case 17: Transient Ischemic Attack Case Studies

### Courses Recommended for Mid-Level Providers

The Psychiatric Patient; Danger to Self or Others

Sepsis; Medical Error & Risk Reduction

Case 6: 23-month-old Child with Fever

Case 13: Pediatric Missed Meningitis

## And We're Off!

Janet Sadler, HR Director

As the new Human Resource Manager for EPIC, LLC, I am switching gears all the time! Accelerating down the straight away conducting annual audits when all of the sudden I have to hit the brakes to put out a credentialing fire. I am having to navigate through new insurance plans when I take a pit stop for a training seminar. It has been quite a ride so far! EPIC, LLC recently purchased a new vehicle that will make all of our lives easier. HR Online is a companion to the **PayChex** program used in the accounting department to generate the payroll. The software will allow EPIC and AIM employees (W-2s) to keep all of your information on a secure database. This information will include employee personal contact information and copies of applicable licenses, certificates, etc. Employees will have access to some areas of the software and will be able to update a new phone number, address, etc. Employees will also be able to view/print documents, such as your W-2s and be able to print forms for insurance claims and reimbursements as well. So fasten your seat belt! More information will be coming soon!



## MISSION STATEMENT

EPIC, LLC, is a group of emergency care providers dedicated to providing quality emergency medical care in an efficient, cost effective, compassionate and ethical manner and in a way that promotes the interest of our patients and members.



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Emergency Physicians Integrated Care, LLC



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and improved EPIC, LLC  
Website!  
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- Communication facilitation between physicians, nurses, ancillary department and patients
- Decrease medical liability by offering real time charting and full completion of the emergency
- Decreased patient length of stay in the emergency room

The EPIC, LLC Board has made a decision to pilot a scribe program in conjunction with ScribeAmerica. We are in the process of identifying which facility(s) and shift(s) for this important project. You can find out more information about ScribeAmerica at the following URL: <http://www.scribeamerica.com/>.

**Welcome new members of the EPIC team:** EPIC North: Rodney Jay, MD (Fast Track). TEAM: Vijay Karim, MD, Brianna Patman, MD, and William Roper, MD. WEP: Lennard Jensen, DO.

## THE POWER OF COMPARATIVE NEGLIGENCE

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-Also, the discharge instructions should contain a specific directive to return to the ED promptly . If getting worse, or if there are questions or concerns.

-Discharge instructions should contain a **mandated** follow up, consisting of:

1. With whom (by specific name) the patient is to seek follow up care.
2. Where the follow up should take place.
3. A specific timeline or date should be clearly stated of when the patient should seek further care. The timeline should be short (in days, not weeks).
4. The express reason should be specified, for which the patient should seek care.
5. Specific warnings should be included in The discharge instructions.

### CAUTION:

- ◇ Avoid the use of abbreviations such as "PCP", "F/U" in AM with PMD" and others
- ◇ Refrain from using medical lingo.
- ◇ Don't use Latin phrases, such as "PRN".
- ◇ If directing the patient to follow up "as needed",

then the directives to the patient must be explicit, taking into account a timeline and the four ways, which the patient's disease or injury can progress:

- A. The symptoms can persist
- B. The symptoms can improve
- C. The symptoms can worsen
- D. New symptoms can develop

### CHART REVIEW

The EPIC Board has directed the Compliance Committee to conduct a chart review for 2012. The focus of the review will be on the discharge instruction portion of the physician's medical record. Each physician will have three of their charts reviewed of adult patients who presented with a chief complaint of abdominal pain.

The reviewers will be EPIC clerks who are assigned at each of the hospitals. The clerks will be grading criteria which will be based on the aforementioned "Five W's" and how they feel the discharge follow up instructions are clear, unambiguous, and easy to follow.

The review will be on charts generated during the month of April, 2012. Therefore, each physician will have time to prepare for the chart review.

May your chart always be your ally!