



5 Tactics to Save Ortho Surgeons 60 Minutes per Clinic Day

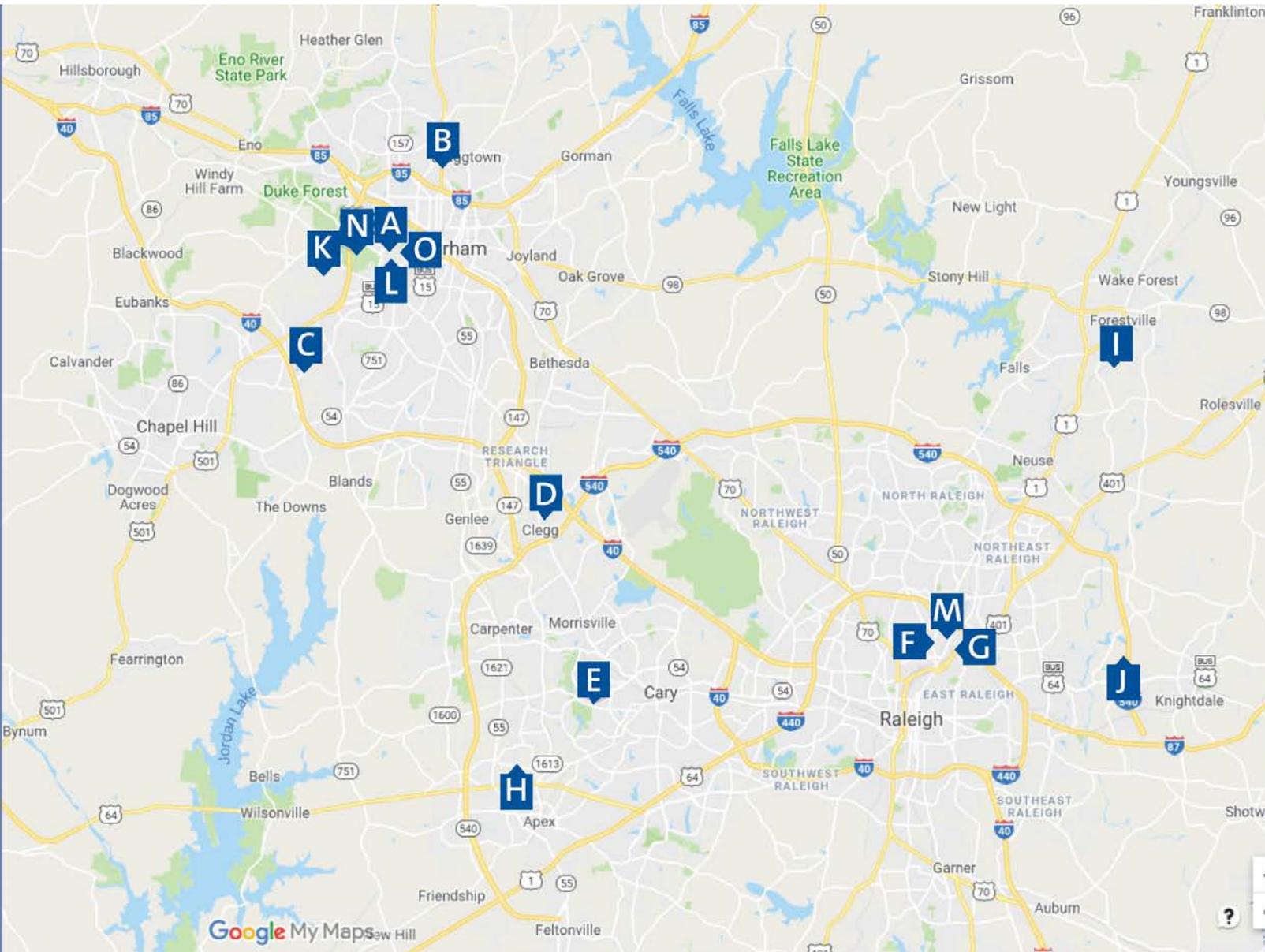
John Bonini- Director of Clinical Operations
Duke Orthopaedics



Duke Orthopaedics Locations



- A** Duke Orthopaedic Trauma Clinic/Spine Center
Duke Clinic
40 Duke Medicine Circle | Clinic 3H
Durham, NC 27710 | 919-286-1142
919-688-6600
- B** Duke Orthopaedics at North Duke Street
Duke Medical Plaza North Duke Street
1114 North Duke Street | 1st floor
Durham, NC 27714
919-660-2200
- C** North Carolina Orthopaedic Clinic |
5649 SW Durham Drive
Durham, NC 27707
919-471-9622
- D** Duke Orthopaedics at Page Road
Duke Medical Plaza Page Road
4709 Creststone Drive | Suite 300
Durham, NC 27714
919-660-5068
- E** Duke Orthopaedics of Cary
3700 Northwest Cary Parkway
Suite 100
Cary, NC 27513
919-862-5093
- F** Duke Orthopaedics of Raleigh
Duke Medicine Plaza
3400 Water Forest Road | Suite 204
Raleigh, NC 27609
919-862-5093
- G** Southeastern Orthopaedics, Shoulder Center
3320 Wake Forest Road
Suite 400
Raleigh, NC 27609
919-256-1551
- H** Duke Orthopaedics of Apex
1545 Orchard Villa Avenue, Ste. 100
Apex, NC 27502
919-576-8383
- I** Duke Orthopaedics of Heritage
3000 Rogers Rd. Ste. 300
Wake Forest, NC 27587
919-385-1080
- J** Duke Orthopaedics of Knightdale
162 Legacy Oaks Drive
Knightdale, NC 27545
919-895-8668
- K** Duke Sports Injury and Orthopaedic Urgent Care at
Duke Sports Sciences Institute
Duke Center for Living Campus - Wallace building
3475 Erwin Road
Durham, NC 27705
919-658-1400
- L** Duke Wound Management Clinic
40 Duke Medicine Circle
Clinic 3I
Durham, NC 27710
919-684-3422
- M** Piedmont Spine Specialists
Duke Medicine Plaza
3480 Wake Forest Road
Suite 206
Raleigh, NC 27609
919-781-4541
- N** Lenox Baker Children's Hospital
3000 Erwin Road
Durham, NC 27705
919-684-6600
- O** Duke Sarcoma Clinic at Duke Cancer Center
20 Duke Medicine Circle
Durham, NC 27710
684-275-3835
- P** Duke Orthopaedics of Heritage
3000 Rogers Rd. Ste. 300
Wake Forest, NC 27587
919-895-1080





Do You Ever Feel Like This? This is NOT "Burnout"

It's ABUSE

Yoga won't help



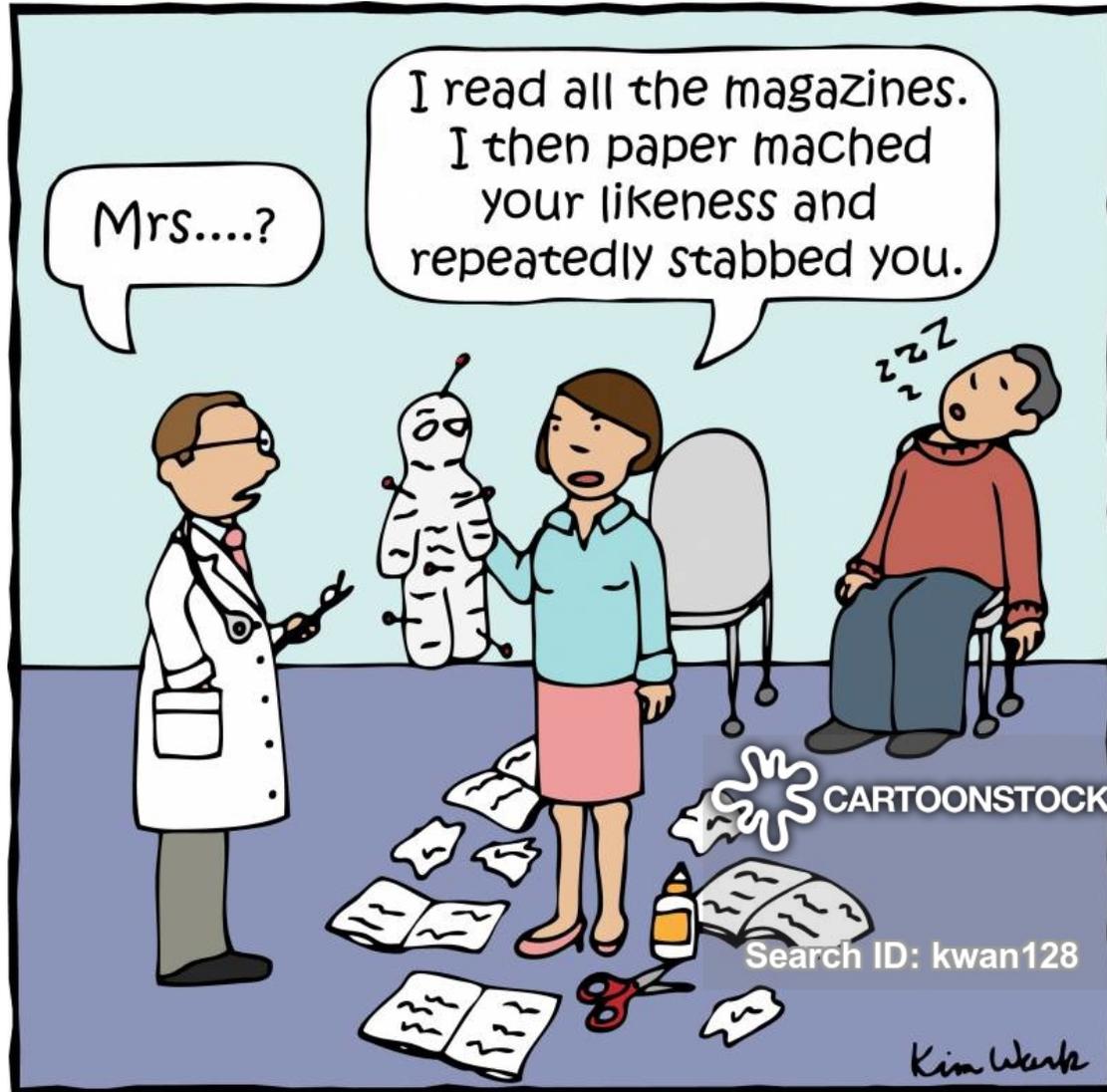


“It’s The Providers, Stupid”

“Part of my focus daily is to introduce new ways to make our providers and our clinic environments more efficient through both targeted and broad based change.”

If our clinics are efficient:

- We have happy providers- improving work culture
- Staff go home on time- reducing OT and improving work culture
- Patients have reduced wait times- improving CG CAHPS scores
- We may be able to improve access- increasing patient volume and generate additional revenue



Wait Times



Have All Staff / Learners Working at Top of Scope

Staffing Model

- Analyze your staffing model to make sure it is offering providers needed support
- Compare with peer organizations

Staff/Learner Charting

- Documenting everything outside of the Diagnosis and parts of Progress Note
- Entering All Orders based on written protocol from provider
- Setting up Procedures / Drawing Injections
- Checking In Basket messages
- History Taking
- Utilize clinic support staff to assist with Progress Note documentation
- Utilize learners to assist with Progress Note documentation
- Utilize remote scribes for Progress Note documentation

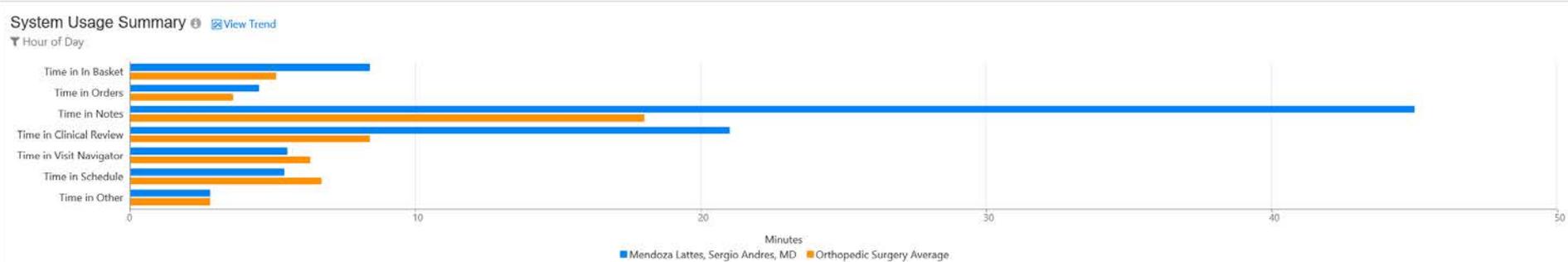
Provider Charting

- “Make Me Author” tool in Epic for hierarchal charting of Progress Note to review and finalize documentation
- Diagnosis



Assist Those Struggling with EHR Documentation

- Run Signal reports to review the efficiency of charting in Epic for all your providers



- Providers spending more than the average amount of time should have coaching from IT resources or management to assist in improving efficiency
- Providers who just can't manage technology should be given training on voice recognition software to make them efficient
- If all else fails, get them a scribe. At Duke Ortho the providers using scribes universally spend much less time charting. This alone has saved Duke Ortho providers more than an hour daily.
- Make sure your Health System is delivering all tools needed for providers to be efficient on your EHR system.
- Take advantage of enhancement tools.
- Have a Department asset who is certified in your EHR system.



Resist Charting in Exam Rooms

- Staff should be available at all times to providers who come out of the room and have a need (draw an injection, place an order, discharge a patient etc)
- Staff should be acting as patient flow managers and not buried behind an exam room door.
- Too much time is involved for staff logging in and securing computers all day long
- Too much time is involved in irrelevant history taking. Shift charting burden to patients.

Methods that may help to remove need for staff to chart in exam rooms:

- Historical charting should be done by patient in advance of the visit or on tablets in waiting room
- Utilize an intake room (if possible)
- Create a History Form for patients to review in waiting room



Examine all workflows to improve cycle time

- Checkin (patients eCheckin in advance)
- Radiology (advance orders/educate and hold staff accountable for accurate orders and state of dress of patient presenting for radiology)
- Cast Techs (cross-train staff and sign off on competencies)
- Surgical Coordinators (should not talk to patients in exam room)
- Research (should not talk to patients in exam room)



Review Provider Schedules and Adjust

- Review New/Return ratio for providers and compare providers who are not efficient with those who are.
- Make template revision recommendations.
- Don't allow your EHR to limit how you schedule.
- Largest complaint is often long delays at the beginning of a session. Consider starting the appointments 15 minutes earlier than the time the provider starts clinic. In other words start the 8AM session with a 7:45AM appointment so there are patients ready to be seen at the start of the day.
- Don't start sessions with a New Patient who will need more history taking or may get lost arriving to clinic for the first time.
- Reference "best practice" scheduling guidelines



Reducing Work Burden and Clicks for Providers and Staff

eCheckin allows patient to do all the following at home prior to visit shifting the burden of charting.

- Registration / Pay Co-Pay
- Complete PMH (can be brought into chart quickly by staff)
- Complete HPI (can be brought into chart quickly by staff)
- Complete ROS (can be brought into chart quickly by staff)
- Complete assigned PROs related to the encounter

Our goal 4 months from now is to have a system in place to Fast Track patients through clinic if they have completed the eCheckin process. This will encourage more patients to participate and will make clinics more efficient.