

## In The Pit

# Scribes: How Did We Ever Live Without Them?

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Does the quality of your EMR affect not only the quality of your patient care, but of your lifestyle? As one who experienced the transition from a “best of breed” system to a DOS-based “enterprise system,” I can tell you that the transition was difficult. To put it mildly, it almost killed me.

When you are in a high volume, high acuity emergency department seeing 40 patients a shift,

the last thing you need is 10,000 added computer clicks per shift. When you do 20 shifts a month, as I do, that is 2,400,000 clicks a year. Want to know what that will do to your body? Ask to look at my wrist when you see me next year at the AAEM Scientific Assembly in Austin, TX. No golf, no tennis, no fishing: all of it hurts too much. I know it takes 10,000 hours to become expert at something, but data entry is not my profession. Emergency medicine is.

Many emergency departments have faced the same dilemma. A solution many are going to is scribes. Medical scribes provide a means by which data can be inputted in real time with attention to quality control, patient safety, and billing. Their role is to meet the data entry requirements of charting the patient encounter, including the clinical exam and all care provided. Their role should not be exclusively clerical, however, since they may provide other services such as getting patients water, blankets, etc.

In ancient times only a select few were literate, and a society of scribes developed. It has now become necessary to resurrect this trade, as the data entry requirements of some EMRs have become so burdensome. When emergency physicians spend 80% of their time in front of a computer, we are in danger of becoming specialists in data entry rather than specialists in emergency medicine. For emergency physicians to focus on patient care, where our attention belongs, a new member has to be added to our health care team.

Scribes are a way to relieve us of the burden of data entry. Specialists in emergency medicine are highly trained clinicians, and clerical activity, like data entry, is a waste of our time and expertise — and contributes to burnout. Scribes may just save our sanity and help prevent burnout. When I reached out to EDs that already used scribes for feedback on the results, one phrase was repeated over and over: “I don’t know how we ever lived without them.”

Scribes assist emergency physicians by entering the entire history and physical exam, by running down and entering radiology reports and lab results, by documenting medical decision making, and by recording clinical impressions. They provide detailed accounts of time-stamped events and procedures such as cardiac cath lab alerts, eligibility for tPA, CPR, intubations, central line placements, lumbar punctures, etc. They also enter disposition/admission data. All information obtained by the clinician is recorded by the scribe. Order entry and discharge instructions, however, should be done by the emergency physician (EP) or mid-level clinician. Depending on the facility, scribes may independently gather and

document clinical information regarding the ROS, PMHX, FMHX, and SOCHX using a standardized template. They may also obtain old medical records and previous studies. All information regarding this history must be reviewed and verified for accuracy by the EP. Scribes should never interject their own opinions or impressions and should never interpret clinical information. Scribes serve strictly in a clerical role that never involves physical contact with patients.

### The medical scribe’s note should include:

The name of the scribe and a legible signature or electronic signature.  
The name of the patient’s emergency physician or mid-level provider.  
The name of the patient.

### The EP’s note should indicate:

Affirmation of the provider’s presence during the patient encounter.  
Verification that the provider reviewed that chart.  
Verification of the accuracy of the information.

Scribes may be “home grown” or outsourced — provided by scribe companies. In either case they should be trained for and competent in:

1. Real time documentation. The scribe documents interactively with the EP or mid-level as they interact with the patient. This provides a means to document without barriers between EPs and their patients.

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## Remarkable Testimony & Due Process Cases Requested

The Legal Committee is requesting your help!

The AAEM Remarkable Testimony/Actions webpage highlights notable due process cases and testimony in malpractice cases that is “remarkable.” The Legal Committee is seeking more cases to supplement this page. For more information and to submit a case for posting consideration, please see

<http://www.aem.org/aaemtestimony/>.

2. Communication. Examples include answering telephone calls for the EP, scanning documents into the EMR, assisting with printing or faxing data, and communicating with other health care providers.
3. Test Collation. Locating diagnostic information including lab and radiology results and recording the interpretation of the provider.
4. Focused health record compilation. Locating and organizing disparate parts of each patient's medical record, including past medical records from the EMR as well as written charts and past diagnostic studies.
5. Advocacy. Acting as a patient advocate by communicating the patient's needs and requests to the appropriate provider.
6. Notification. Notifying the clinician when relevant patient information is available or a patient is available to be seen.
7. Privacy. Depending on the medical facility, serving as a chaperone for sensitive portions of the medical history and physical examination.
8. Boundary Management. Scribes do not physically touch patients, nor should they assist in procedures.

### Medical Scribe Credentials

A July 12, 2011, memo from the Joint Commission states that a scribe's position should comply with the institution's human resources requirements. Although scribes are in the patient care area, they do not have direct patient contact. Hiring requirements should thus be limited to what

is required of nonclinical personnel, such as unit clerks. Examples of such requirements are a background check, PPD, immunization history (qualitative not quantitative titers), and N95 mask fit-testing. Many believe that medical scribes should not hold a license; they are acting as living recorders and are not acting independently of a licensed clinician. However, independent credentialing of medical scribes via a national examination, verifying that minimal performance standards have been met, is a valid and reasonable approach. There is currently only one nonprofit professional organization in the industry, the American College of Medical Scribe Specialists, that offers an independent medical scribe credentialing pathway.


### Computerized Physician Order Entry (CPOE)

The Joint Commission's memo on May 18, 2010, indicated that scribes could be allowed to enter orders. They reversed that position on July 12, 2011, stating that order entry by scribes was not a supported action. The Joint Commission has not explicitly recognized the difference between pending (entering an order into the computer that is pending approval from the EP, and isn't executed until that approval) and entering orders, however. Thus, with respect to the Joint Commission's opinion on scribe order entry, there is ambiguity regarding whether a scribe will be allowed to "pend" an order, since pending was not specifically mentioned. There is no ambiguity in regard to CMS and "meaningful use." In Stage 1, CMS indicated that only licensed health care personnel were allowed to enter orders. In contrast to the Joint Commission, CMS did indeed comment on whether scribes would be allowed to pend orders. For Stage 2, CMS stated that scribes cannot pend orders in order to qualify for "meaningful use," because EMRs are presently unable to provide clinical decision support beyond initial order entry. In other words, clinical decision support such as alerts to drug-drug interactions, allergies, etc., only pop-up on order entry and do not appear when an order is pending. Based on this reasoning, one anticipates that when EMRs enable clinical decision support on both the pending and execution pages, CMS will allow scribes to pend orders. CMS did make an exception to its rule and stated that Certified Medical Assistants can place orders. This is a loophole that many practices are using to have others place orders on behalf of physicians.

### Are Medical Scribes Worth the Investment?

A major issue in modern health care is cost, and hospitals, EM groups, and individual physicians are being forced to do more with less. That makes the provider to patient ratio critical. Too many groups do not pay enough attention to this, and then wonder why they have to request increased subsidies from their hospitals. With the increased collections and provider productivity that scribes allow, hospitals and EM groups can improve their provider to patient ratios by 15-25%, becoming more efficient and profitable.

Scribes are a part of the ED team in thousands of hospitals in the United States. They are a means to alleviate approximately 80% of our documentation burden, thus allowing emergency physicians to become re-engaged in patient care by devoting more time to patients and medical decision making. And scribes often increase collections enough to pay for themselves! ■



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