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Documentation Changes for Fellow Visits in the Emergency Department: Financial and Educational Impact

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IRB Number (if applicable): STUDY00001172

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):
Trainee served as a principal investigator along with team, helping create survey, analyze data, and draw conclusions.

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question:
Fellows in the pediatric emergency program were permitted to see patients without supervision. These encounters were anecdotally good for autonomy but missed opportunities for education. The absence of an attending's signature on these patient charts prevented the collection of a professional service fee, resulting in an average loss of $125.67 per unit of service or $620,307 in 2019.

Background/Project Intent (Aim Statement):
While the previous checkout process had enabled autonomy and independence for the fellow, it was a barrier to the capture of additional revenue. After key stakeholder involvement, it was recognized as an opportunity to improve fellow education and teamwork.

By June 2020, we aim to have 70% of ED Fellows recognize that their education improved as a result of greater collaboration with attendings.

Methods (include PDSA cycles):
To achieve our intended goal, we planned a quality improvement project and involved key stakeholders, including PEM attendings, fellows, and fellowship directors, as well as billing personnel. Interventions to improve revenue capture were narrowed to a focus on changing documentation procedures. The intervention requires fellows to checkout each patient to an attending physician and subsequently sign each patient chart in order to capture the professional fee. In making this change, it also led to an opportunity to provide feedback or teaching in real-time. Three months after the implementation, fellows and attendings were surveyed to understand their perception of the new checkout process. The REDCap survey specific to this documentation process change included 7

questions about education, rapport, timely documentation, autonomy, and patient care. Responses were graded on a Likert Scale. Further analysis to understand the financial impact is in progress.

Results:
Twenty-five attendings and nine fellows responded to the documentation change survey (Response rate=72%). After implementation, 22% of fellows stated that their education had improved due to the change, while 67% of attendings perceived that fellow education had improved. Regarding autonomy, only 11% of fellows felt that autonomy had improved. Fellow documentation time remained the same, however 32% of attendings cited that their documentation time remained the same and 4% of attendings perceived documentation time improved. This may be due to increased volume of fellow charts requiring review. Both fellows and attendings stated that rapport remained unchanged.

Conclusions:
Future PDSA cycles must focus on innovative ways to improve educational impact without significantly sacrificing fellow autonomy. The financial impact is being analyzed and is expected to be in line with our expectation of $600,000. A temporary decline in autonomy was expected with the change in supervision requirements. We need to look further into the disparity of perception of improved education between the survey groups. Our future PDSA cycles will focus on improving the checkout process to make it beneficial for both education and financial impact.