

Medical scribes could help doctors care for more patients

January 30 2019



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Scribes help to increase doctors' productivity and shorten patients' stay at the emergency department, with no significant risk to patient safety, suggest the results of a randomised trial published in *The BMJ* today.

Medical [scribes](#) help [doctors](#) by doing administrative tasks. For example, documenting medical consultations whilst a doctor evaluates a patient, printing paperwork and arranging tests and appointments—giving the doctors time to see more patients.

Most doctors find scribes helpful, but little has been researched about the economic benefits of using scribes within [emergency](#) departments. And there has been no evaluation of [patient safety](#) incidents linked with scribes.

In order to explore this further, researchers looked at the productivity of doctors, working with and without scribes in five Australian emergency departments between November 2015 and January 2018.

The scribes, who were all medical or pre-[medical students](#), were trained before the study and then randomly allocated to doctors' routine shifts.

The researchers looked at data from 589 scribed shifts (5098 patients) and 3296 non-scribed shifts (23,838 patients), and compared how productive they were.

At most sites in the study, the presence of scribes was linked to increased productivity, particularly during primary consultations: scribes increased the number of patients per hour, per doctor by 15.9% overall and by 25.6% for primary consultations.

There was no change in door-to-doctor time, but patients stayed for 19 minutes less when a scribe was present.

The presence of scribes was most effective when they were with senior doctors at triage (where doctors assess and prioritise potential emergencies, order tests and start some treatments, before patients see a doctor in the main emergency department).

No significant harm involving scribes was reported—1 in 300 scribed consultations reported a patient safety incident, and this mainly involved incorrect patient identification and ordering of tests.

And in half of the incidents reported, the scribe was active in preventing a medical error, the authors say.

The researchers also did a cost-benefit analysis which showed that, based on productivity and the time [patients](#) spent at the hospital, using scribes could save the hospital USD\$26.15 per scribed hour if the hospital covered the cost of training, and US\$31.15 per scribed hour if the scribe paid for the training.

The authors highlight that the results are based on five Australian emergency departments, and therefore the findings may not apply to all hospitals. And the reports of safety incidents were volunteered which could have skewed the results, they add.

But they say that theirs is the first multicentre, randomised study to evaluate the impact of scribes on doctors' productivity, including the occurrence of patient safety incidents.

And the study looked at the impact of scribes in different types of emergency departments "serving very different patient populations," they add, although "future work should include testing scribes in other settings and countries."

Almost all health services struggle with demands which do not match the available resources, the authors write.

"Given the strong preference of physicians for working with a scribe, no effect on the patient experience, minimal risk, and the productivity and throughput gains outlined, [emergency department](#) and hospital

administrators should strongly consider the potential local utility of scribes in their workforce and financial planning," they conclude.

More information: Scribes in Emergency Medicine: a multi-centre, randomised trial evaluating the impact of scribes on emergency doctor productivity and patient throughput, *BMJ* (2019). [DOI: 10.1136/bmj.1121](https://doi.org/10.1136/bmj.1121)

Provided by British Medical Journal

Citation: Medical scribes could help doctors care for more patients (2019, January 30) retrieved 4 May 2024 from

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