Purpose
The purpose of this project is to evaluate a provider efficiency and workflow program at a hospital owned, free-standing urgent care system after implementation of an EHR.

Background
- Productivity loss is a deterrent to EHR adoption
- Understanding context (i.e., workflow, information requirements, patient mix) prior to EHR implementation is essential

Methods
- Retrospective, longitudinal approach used
- Paper chart review prior to EHR implementation
- EHR data review performed post-implementation
- Direct observation of 15 providers

Conclusion
- Improvement in all areas after EHR implementation except provider-to-RN discharge
- Average length of stay decreased from 109 minutes to 73 minutes
- All providers verified allergies prior to e-prescribing
- Chart review showed missing data suggesting EHR data collection is a better option

Discussion
- Overall, EHR system improved productivity and efficiency
- Need improved RVU productivity tracking using EHR and the ability to filter vacations, summer leave, change in work status for increased accuracy
- Participants accepted EHR as a standard of care
- Ideas for improving patient flow were illuminated during this project

Sample (n=57)

Survey Data

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<tr>
<th>Role</th>
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<th>Slightly Agree</th>
<th>Slightly Disagree</th>
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EMR Training
- 10 or > Hours: 11 (19.64%)
- <10 Hours: 24 (42.86%)
- Informal: 16 (28.57%)
- None: 5 (8.93%)

Results

Average Door-to-Triage Times
Average Door-to-Provider Times
Average Door-to-Discharge Times
Average Provider Discharge to Nurse Discharge Times