

ADOPTING AI CHARTING

Introduction and Background

AI-assisted clinical charting is revolutionizing medical documentation by automating data entry, summarizing patient interactions, and generating structured notes. Traditional charting can consume up to 40% of a provider's day, contributing to fatigue, errors, and burnout. AI can ease this burden and enhance provider-patient interactions—but must be integrated thoughtfully and ethically into workflows.

Objectives

- Increase efficiency by reducing provider documentation time.
- Improve accuracy of AI-generated notes compared to traditional methods.
- Improve patient and provider satisfaction.

Methodology

Model for improvement/PDSA cycle

- **Baseline Analysis** to help understand the current state of clinical documentation as well as provider and patient satisfaction.
- **Pilot** the implementation with a smaller cohort
- **Measure Improvement** by comparing results to baseline analysis
- **Wider Rollout:** assuming there are improvements, implement AI charting for remainder of visits or to other providers.

Implementation Process

Phase 1 After a thorough review of AI platform privacy and security, and in alignment with BCCNM's AI policy:

- *Step 1: Conduct Baseline Analysis*
 - *Time-Motion Studies:* Tracking the amount of time clinicians spend manually charting patient interactions.
 - *Error Rate Analysis:* Reviewing inaccuracies and inconsistencies in traditional documentation.
 - *Provider & Staff Surveys:* Understanding current challenges and satisfaction ratings.
- *Step 2: Pilot*
 - Select an appropriate AI platform based on team decision making with colleague

- Start with a limited number of providers or with a few visits of a select number of providers
- Employ core functionalities that are likely to improve outcomes such as voice recognition / smart assistant (that allow hands-free charting during patient visits) and hybrid documentation approach (where AI suggests preliminary chart entries, but clinicians maintain full control over approvals).
- **Step 3: Measure the Impact of the pilot**
 - Repeat time motion studies, error rate analysis and provider and staff surveys to better understand and quantify the impact of the AI charting

Phase 2

- **Step 4: Wider Rollout**
 - Measure baselines
 - Provide training and support for all providers during the clinic-wide implementation.
- **Step 5: Monitor and evaluate the impact of AI charting on regular intervals**

Anticipated Time Needed

- Approximately 18-24 hours

Highlights of Outcomes (To be filled by NP)

***Example outcomes:**

- *Preliminary data from the pilot phase showed time savings of ~4 min/visit or ~90 min per full practice day.*
- *Speech recognition with supervision is very accurate*
- *~10% improvements in error rate, however baselines were also good*
- *Significantly more positive feedback from providers and patients about satisfaction with visits.*

Impact and Sustainability (To be filled by NP)

***Example:** *The implementation of AI charting significantly reduced documentation time, allowing providers to better interact with patients during visit, leading to better provider and patient satisfaction. The clinic plans to collect data over the next 12 months to better understand the impact*