

ABSTRACT NO. R2

**SURGERY CLINIC: TRAGEDY OF THE COMMONS**

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**Background:** Can changing residents' incentives improve the efficiency of the surgery clinic?

**Methods:** Retrospective time and motion study of a surgery clinic performance before and after residents were given: (1) instructions on appropriate clinic documentation; and (2) incentives to reinforce these rules.

**Results:** On average the surgery clinic evaluated  $26.4 \pm 6.4$  patients/clinic prior to intervention; and  $27.0 \pm 4.4$  patients/clinic after intervention. Intervention significantly reduced the average duration of surgery clinic by 9% ( $363.6 \pm 6.1$  minutes pre-intervention v.  $318.9 \pm 29.6$  minutes post-intervention;  $P = 0.03$ ). The average time between patients' note signatures was unaffected by intervention ( $53.2 \pm 16.2$  minutes pre-intervention v.  $49.6 \pm 8.8$  minutes post-intervention;  $P = 0.47$ ). However, changing residents' incentives significantly reduced the number of notes completed while patients were present ( $25.8 \pm 8.9$  notes/clinic v.  $22.3 \pm 7.8$  notes/clinic;  $P = 0.04$ ).

**Conclusions:** (1) Although residents did not evaluate individual patients more efficiently, changing the residents' productivity incentives resulted in a significant reduction in surgical clinic time because residents created more history & physical and consult notes after the conclusion of clinic; and (2) shorter clinics allowed us to avoid some overtime costs as ancillary personnel went home as scheduled.