

Ditch the “stupid stuff” that drives doctors crazy

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Have you ever performed a daily task and wondered, “Why do I even bother to do this?” You are not alone. Increasing administrative tasks for physicians means they have less time to focus on what is important, such as interacting with patients and delivering care. One health system in Hawaii is tackling physician administrative burdens by eliminating “stupid stuff” to free up time for doctors and other health professionals.

Hawaii Pacific Health, a nonprofit health system in Honolulu, has launched a program called “Getting Rid of Stupid Stuff.” In just a year, the system’s physicians and other clinicians have nominated more than 300 time-wasting EHR activities for the chopping block.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand the challenges physicians face.

The AMA Ed Hub™—your center for personalized learning from sources you trust—offers CME on professional well-being using the STEPS Forward™ open-access platform that recommends innovative strategies that allow physicians and their staff to thrive in the new health care environment. These toolkits can help you prevent physician burnout, create the organizational foundation for joy in medicine, create a strong team culture and improve practice efficiency.

Melinda Ashton, MD, executive vice president and chief quality officer at Hawaii Pacific Health, is the brains behind ditching the dumb things. In an essay published in *The New England Journal of Medicine*, Dr. Ashton wrote that the EHR in and of itself may not be the reason for burnout. Instead, it is the approach to documentation that has been adopted in the U.S. she wrote in the essay, titled, “Getting Rid of Stupid Stuff.”

“The EHR makes it really easy to click on things and it also makes it very easy for us to think, ‘I have a great idea, let’s just get them to click on this or click on that,’” Dr. Ashton said.

The “stupid stuff” nominations from physicians and other staff members fell into three different documentation categories, she said.

Never meant to occur. One example Dr. Ashton referenced involved a urologist who completed a pre-op physical on a patient, which included a complete fundoscopic exam.

“I joked with the audience that I should have asked the urologist to see his ophthalmoscope—I’m not sure that there was an ophthalmoscope in his office,” she said. “I’m pretty sure the EHR is full of this stuff. It’s not OK because it cheapens the documentation.”

When unintended documentation requirements were reported, the health system made quick changes to the EHR. In several cases, requirements were being applied to patients of different ages than originally planned.

For patients who require briefs for incontinence, drop-down options asked whether the patient was incontinent of urine, stool or both. This required three clicks. However, a nurse who cares for newborns clicked three times for each diaper change. A single-click documentation was created for children appropriately in diapers.

Needed, but could be more efficient. Even in cases when documentation was needed, it could be completed more effectively. An emergency physician questioned printing an after-visit summary, having the patient sign it and scanning it back into the system.

After querying other health systems and the legal team about the value of the signature, the requirement was removed.

“The physician was delighted that he had been able to influence a practice that he believed was a waste of support-staff time,” said Dr. Ashton.

A feature called “the rounding row” monitored hourly rounding implementation, which also led to repetitive clicking. After removing the row, about 1,700 hours of nursing documentation time were saved per month at four hospitals, Dr. Ashton said.

Required, but not understood. Several requests from physicians asked about sorting and filtering capabilities that already existed. A physician-documentation optimization team was available to help, but doctors reported a lack of time to meet with the team.

While not formally submitted, 10 of the 12 most frequent alerts for physicians were removed because they were being ignored.

“It appears that there is stupid stuff all around us, and although many of the nominations we receive aren’t for big changes, the small wins that come from acknowledging and improving our daily work do

matter,” said Dr. Ashton.