Physician practices and health systems can reduce administrative burdens by getting rid of stupid stuff, which means removing small administrative annoyances that doctors experience.

This requires following five key steps outlined in the AMA STEPS Forward™ module, “Getting Rid of Stupid Stuff: Reduce the Unnecessary Daily Burdens for Clinicians.” The fourth step in the module focuses on how to triage suggestions for appropriate next steps in eliminating stupid stuff and reducing administrative burdens.

The brains behind this initiative to reduce administrative burden and work overload is Melinda Ashton, MD, executive vice president and chief quality officer at Hawaii Pacific Health. Expanding on the idea of eliminating stupid stuff, Dr. Ashton shares how health systems and physician practices can monitor suggestions to acknowledge receipt and subsequent triage.

**Send ideas to a central location and team**

“We try to make sure that all of these suggestions are coming into a central email inbox,” said Dr. Ashton, adding that they use spreadsheets to track ideas as they are received.

Additionally, “we have a very small group of folks who are working to understand what the request is and then helping to make sure that we know whether that’s going to take a work group to work on—we have standing work groups for these kinds of improvements—or is that something that is so clearly stupid, you just fix it,” she said. “That’s the triage function. The small group determines how we deal with each request.”

Discover four ways to get help cutting the stupid stuff at your health system.
Label suggestions as they’re submitted

As ideas and recommendations are sent to the inbox, it is important to label the requests. For example, minor requests that can be fixed immediately often fall into a “just do it” category. On the other hand, suggestions that require more information might be labeled “needs further investigation.” When an idea needs further investigation, it should be sent to one of the several work groups in an organization.

These work groups should include physicians and other health professionals of the appropriate type to evaluate the request and consider whether the suggestion is possible and the current process is not required for regulatory or compliance reasons. They will also determine whether it could lead to an improved workflow. If the work group finds that the request has merit, specific individuals are assigned to create the needed change.

Dr. Ashton shares how health systems can ditch the “stupid stuff” that drives doctors crazy, including the documentation categories.

Respond to unfixable items

Some suggestions provided will not be able to be fixed, though. This is often due to rules and regulations that cannot be changed. Labeled “not possible at this time,” these suggestions may also be unfixable because the request is unrealistic in nature (e.g. the IT platform simply can’t meet the change requested).

When this occurs, send out a response that acknowledges awareness of the situation. It is important to also explain why this fix is not feasible currently. Additionally, while some requests may be unfixable, others might already have a fix that exists. This is often the case with suggestions involving the EHR. With these submissions, simply send a response that details how to do what is asked and point them to appropriate resources.

Learn about the five steps physicians can take to get rid of stupid stuff.

It doesn’t need to be a new job function

Triaging requests is “just part of the work for one of the nurses that works for me in quality. Another IT partner nurse works with her on it,” said Dr. Ashton. “We also have additional staff who serve as at your elbow support out in the hospitals and they’re in the operations team, so their job is to help
people with the interface with the electronic medical record.”

“In our hospitals they tend to be the ones who are being put on the triage function teams,” she said. However, this may vary across organizations “because everybody’s set up so differently.”

“If we were to look at IT and education functions, there are probably people there who were already deployed to help in some form or fashion,” said Dr. Ashton. “That would be the kind of person you’d be looking for and maybe if we cleared out some stupid stuff, there would be less help of that kind needed.”

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 and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.