

Getting Rid of Stupid Stuff

Reduce the Unnecessary Daily Burdens for Clinicians



CME
CREDITS:
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How Will This Module Help Me?

- 1 Help identify the “stupid stuff” in your day-to-day as a clinician
- 2 Provide a standardized organizational process to eliminate the “stupid stuff”
- 3 Share real examples of organizations that have successfully reduced unnecessary burdens



Introduction

Unnecessary tasks have introduced a heavy burden into the daily workload of physicians and other clinicians and are thought to be at least partially responsible for physician burnout. Electronic health record (EHR) systems in particular have created significantly more work for physicians. Physicians themselves are often in the best position to recognize the “stupid stuff” in their day-to-day but may not feel empowered to speak up unless asked. Learn how to create a simple program where suggestions for change can be solicited and effectively carried through in your practice.

Five STEPS to Reclaim Your Day by Getting Rid of Stupid Stuff

1. Appoint a High-Level Champion to Lead the GROSS Initiative

2. Engage Appropriate Departments to Support the Cause

3. Engage Teams and Clinicians in Gathering Information

4. Triage Suggestions for Appropriate Next Steps

5. Celebrate Success

1

Appoint a High-Level Champion to Lead the GROSS Initiative

The most appropriate champion will likely vary among organizations, but it needs to be someone high enough in the executive chain to make eliminating the “stupid stuff” a serious organizational initiative. In organizations where there is a Chief Medical Information Officer (CMIO), he or she would be an excellent choice for champion (and if not the champion, he/she must be on board with the GROSS initiative). Having the CEO/COO on board is also essential. Additionally, it is useful to include a practicing physician who uses the EHR to act as a partner in leading the cause. Including physicians in the GROSS initiative gives credence to leadership's seriousness about understanding the burdens that need to be improved.

As the project expands across the organization, there may be many champions from operational and clinical leaders to front-line EHR users who begin to view their work with more passion and vigor.

2

Engage Appropriate Departments to Support the Cause

In addition to appointing a high-level champion, it is important to include other departments to support the initiative. By engaging common stakeholders, the initiative is set up for greater success, particularly if other departments can significantly improve their processes and work towards a common organizational goal. It is also recommended to include other departments at the beginning of your planning stages to prevent any potential barriers or delays to a solution. Please see the table below for common collaborations.

Table 1.
Key Players in a GROSS Initiative

Department	Role	Potential “Stupid Stuff” That Can Be Addressed
Information Technology (IT)	Design, build, and maintain/improve the EHR	EHR inefficiencies
Risk Management	Advocate for liability reduction	Processes implemented to mitigate risk that may be well-intentioned but not useful
Legal	Oversee compliance and risk management activity	Processes implemented to mitigate risk that may be well-intentioned but not useful
Compliance	Interpret regulatory requirements	Misunderstandings about regulatory requirements
Quality	Provide expertise on process improvement and understanding regulatory requirements	Misunderstandings about regulatory requirements
Health Information Management (HIM)	Provide information on documentation, coding requirements, and coding	Overinterpretation of requirements (especially HIPAA rules)
Revenue Cycle	Provide information on payer requirements	Misunderstandings about requirements for accurate billing
Mandatory education	Provide mandatory physician (and other clinician) training	Irrelevant training requirements
Nursing leadership	Represent nurses and provide expertise on nursing workflow	Documentation requirements that are variably determined by managers, rather than standardized. Documentation of nurse activities, rather than patient care provided.
Physician executive leadership	Represent physicians and provide expertise on physician workflow	Medical executive committee requirements that create extra work
Specific departmental leadership (eg, radiology, ER, hospitalist, OB/GYN, pediatrics, surgery, pharmacy)	Provide expertise on specialty-specific workflow	Specialty-specific requirements that create extra work (often thought to be necessary for that specialty, but may not actually be)
Laboratory services	Provide expertise on appropriate lab ordering practices	Unnecessary clicks to accomplish appropriate ordering

Q&A

Why is it important to engage the IT department early on?

A strong partnership with IT is critical to fix issues with the EHR, which is often a main source of “stupid stuff.” It is important to involve and engage the IT team as partners *before* kicking off the initiative. It may also be necessary to evaluate and prioritize existing IT work so that the “stupid stuff” can be addressed promptly.

What if there is a conflict between departments?

Conflict may arise if one group of clinicians advocates for a change that another group finds problematic. For example, Emergency Department (ED) physicians may prefer to order a single dose of an antibiotic for a patient who is admitted. Hospitalists, however, may prefer that ED physicians write continuous orders for as long as the patient is physically in the ED, in order to prevent dosing delays. A separate leadership group (eg, Clinical Guidance Council) can be formed to oversee and address issues that require multiple work groups or where there is conflict.

3

Engage Teams and Clinicians in Gathering Information

Let everyone in the organization know that this initiative is underway—you want to get rid of the poorly designed, unnecessary, or burdensome work, but you need to first identify where this work lies. Advertise on the intranet page, in internal newsletters, and/or in department meetings. Ask clinicians and physicians to consider their daily documentation and other tasks and nominate tasks that they believe fall into this category. A catchy title, such as Getting Rid of Stupid Stuff, or “GROSS,” helps. Though calling things “stupid” will be offensive to some, it creates a shock value that can be beneficial to promoting change.

Q&A

How should suggestions be collected?

Suggestions can be collected via an electronic or paper survey, during internal meetings, or various other communication channels. A simple online platform can be used, such as an email inbox where suggestions are received. Alternatively, a standardized form can be used to collect feedback. For a basic template, please check out the downloadable tool below:

[G.R.O.S.S. Idea Submission Form](#)

Use this tool as a template for G.R.O.S.S. idea submissions.
(MS WORD, 29 KB)

4

Triage Suggestions for Appropriate Next Steps

Suggestions should be monitored to acknowledge receipt and subsequent triage. Minor requests can be fixed immediately (called “Just do its”), while suggestions requiring further investigation (“Needs further investigation”) should be sent to one of several work groups. These work groups should include clinicians of the appropriate type to evaluate the request and consider whether the suggestion is possible and whether it could lead to an improved workflow. If the request is found to be valuable, specific individuals should be tasked to create the needed change.

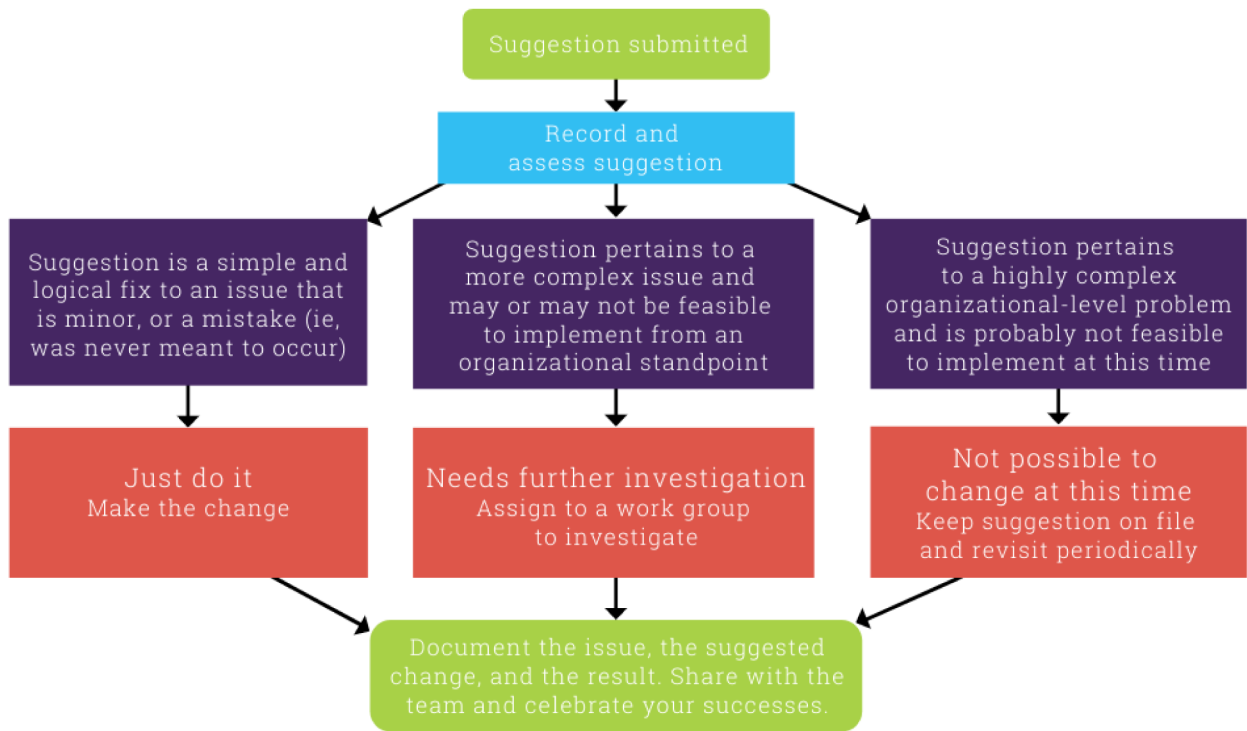
Some suggestions will not be able to be fixed due to rules and regulations that cannot be changed (“Not possible at this time”), or due to the unrealistic nature of the request. For these, a response should be sent acknowledging awareness of the situation along with an explanation of why a fix is not feasible at this time.

Finally, for some requests, a fix already exists but the clinician or care team member is not aware of it. This is often the case with suggestions involving the EHR. For these submissions, solve the problem simply by sending a response that details how to do what was asked.

Figure 1.
Getting Rid of "Stupid Stuff" Decision Tree

Getting Rid of "Stupid Stuff" Decision Tree

Triage suggestions to determine appropriate next steps



Click the arrow to review examples of each solution category.

5

Celebrate Success

All changes (even small ones) that are successfully enacted should be announced and celebrated. Care team members (and physicians in particular) are more willing to spend the time pointing out sources of inefficiency if they see proof that change is possible. Smaller changes can be included in regular IT updates; larger changes can be highlighted by office managers and other organization leaders for future investigation.

Conclusion

A successful Getting Rid of Stupid Stuff program does not need to be complicated. The essential elements include a visible leadership commitment, concrete examples to work from, and an IT and governance structure to evaluate the feasibility of requests and implement effective changes. Early and regular communication about the program and its early successes will help to generate interest and increase confidence in the program.



AMA Pearls

Don't take it personally

From one hospital or clinic to the next, there is plenty of stupid stuff to go around. None of it is intentional. Rather than dwelling on how stupid stuff has stuck around for so long, focus on getting to the root of the problem, which is the first step to solving it.

Record and revisit “unsolvable” problems

Sometimes inefficiencies that have been previously pointed out are forgotten because someone had answered that change was not possible, but it is always worthwhile to ask again. Track all suggestions for stupid stuff and incorporate revisiting previously tabled suggestions into your process.

Seeing is believing

Clinicians and care team members are more motivated to identify needed changes if they see proof that change is possible. When you successfully get rid of stupid stuff, share the success with everyone and celebrate the time, joy, and headspace you've gotten back as a result!

Case Reports

- Hawaii (Dr. Ashton)

Learning Objectives

1. Describe a standardized organizational process to eliminate “stupid stuff” in your practice
2. Identify who to engage in your Getting Rid of Stupid Stuff (GROSS) initiative

Article Information

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References

1. Ashton M. Getting Rid of Stupid Stuff. *N Engl J Med.* 2018;**379**(19):1789–1791. doi: [10.1056/nejmp1809698](https://doi.org/10.1056/nejmp1809698).