

QI Power Hour with Allison
Muniak and Jamie Duteil

Administrative Burden:

Integrating human factors and the BC
Health Quality Matrix for Improvement





Land Acknowledgement

Check out Past QI Power Hour Sessions



**Combating the
primary care crisis:**
Quality improvement
lessons learned from the
frontline

Speaker: Dr. Emmett Harrison

Social prescribing:
Exploring community-
led approaches to
improve health systems

Speaker: Yordanos
Woldemariam



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QI Power Hour is shared from across Saskatchewan...

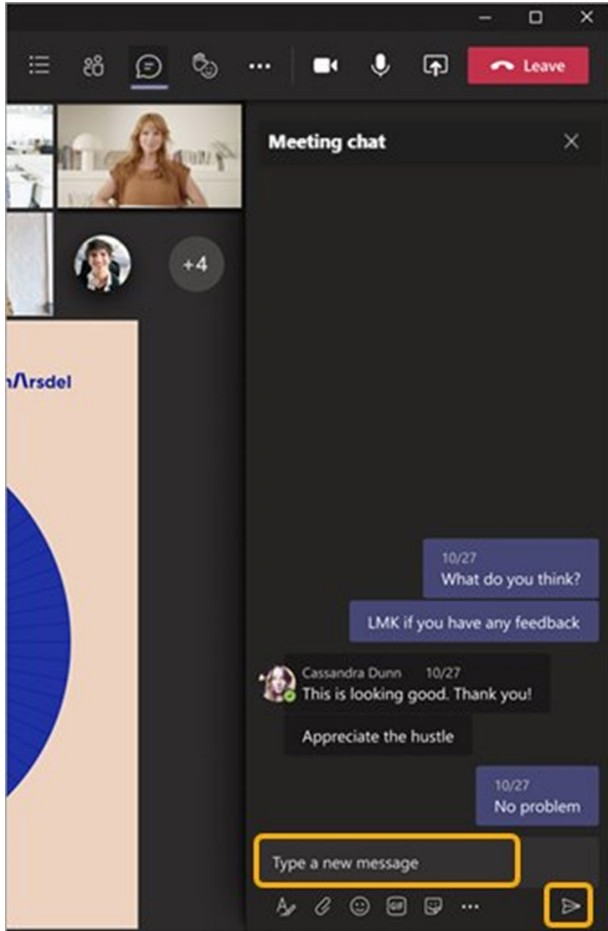


Across Canada...



And around the world

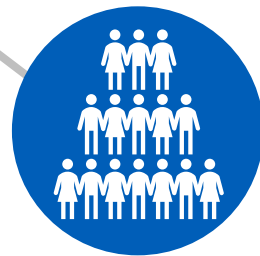
Chat Function



Share questions, comments, and ideas



Click on the **message bubble icon** to access the chat



Send to **Everyone**

Allison Muniak



Allison (Allie) is an Executive Director at Health Quality BC and leads the Health System Improvement teams for Primary & Community Care; Mental Health, Substance Use, and Long-Term Care; Administrative Burdens for Physicians; and Patient and Public Engagement.

Allie has a passion to build innovative and sustainable solutions in health care systems with an emphasis on partnerships, collaboration, and advancing system improvements.

Jamie Duteil



Jamie is a Director of Health System Improvement at Health Quality BC and brings an extensive background as a Registered Nurse with experience in multisystem and cardiac intensive care, paediatrics, medical and surgical, emergency department, and palliative care.

Her superpower is collaborative leadership – she is passionate about bringing people together, enabling them to connect, collaborate and build trusting relationships across multiple professions and organizations.



Administrative Burden: Integrating Human Factors and the BC Health Quality Matrix for Improvement

November 29, 2024

Health Quality BC, which does its work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the x̱m̱əθḵw̱əy̱əm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətaʔṯ (Tsleil-Waututh) Nations, where our main office is located.

Health Quality BC also recognizes Métis people and Métis Chartered Communities, as well as the Inuit and urban Indigenous peoples living across the province on various traditional territories.



Today's' Learning Objectives

- **Describe the impact of administrative burden in the health system**
- **Demonstrate drivers of administrative burden**
- **Identify structures and processes for reducing administrative burden**
- **Apply human factors principles and the BC Health Quality Matrix for Quality Improvement**



Allison Muniak
*Executive Director, HQBC
(presenting)*



Jamie Duteil
*Director, HQBC
(presenting)*



Leanne Griffiths
Leader, HQBC



Kate McCammon
Leader, HQBC



Darragh Mckinley
Program Assistant, HQBC

Project Team



We are so excited you signed up for this session!

Assumptions:

- We are all here to learn at least one new thing.
- How you learn and participate is entirely up to you!

Transparency:

- Not a lecture!
- Some things you may have seen before and that's okay!

Curiosity:

- Questions, discussions, clarification welcomed at any time.

Vulnerability:

- Trust and confidentiality in this space.
- Please make yourself comfortable, if you need to sit, stand, move, please do so!
- Offer a smile and help those around you that may need support to get comfortable, too.

This Excited!



Health Quality BC: Who We Are

- System-wide Leadership and Coordination
- Measurement and Evaluation
- Legislation and Regulation
- Education and Professional Development
- Patient and Public Engagement



Ice Breaker

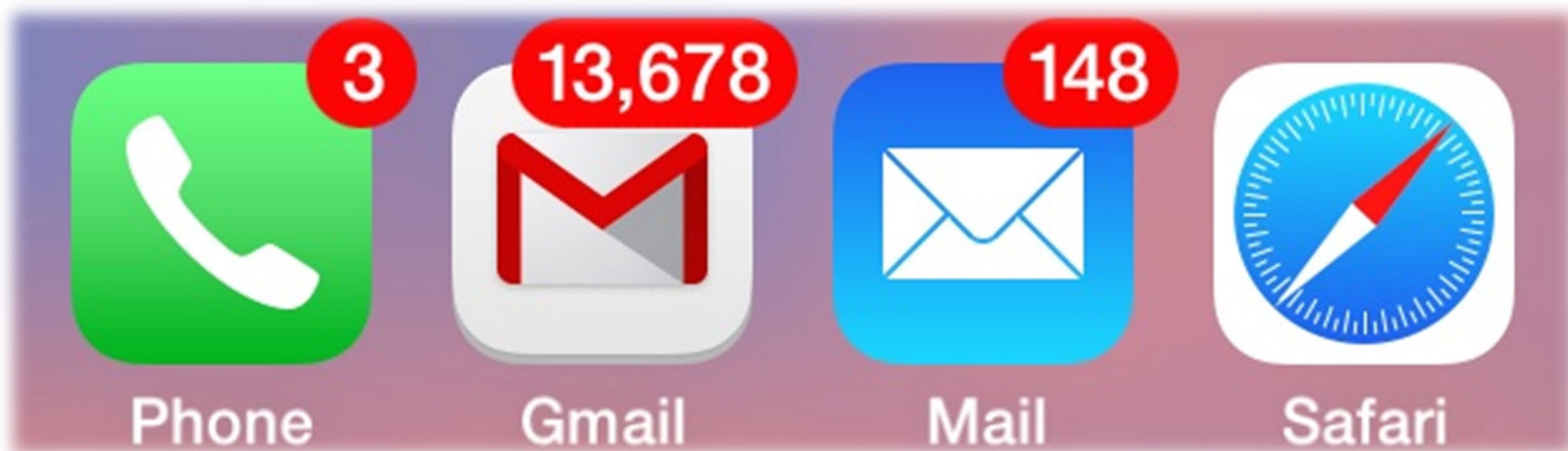
busy·ness ('bi-zē-nəs)

*“the state of having or **being** involved in many activities”*



VOTE NOW!

How many emails do you currently have in your inbox(es) that are either unread, or flagged for action?



slido

Please download and install the Slido app on all computers you use



How many unread emails do you currently have?

① Start presenting to display the poll results on this slide.



“We cannot change the human condition, but we can change the conditions under which humans work.”

James Reason (BMJ, 2000)



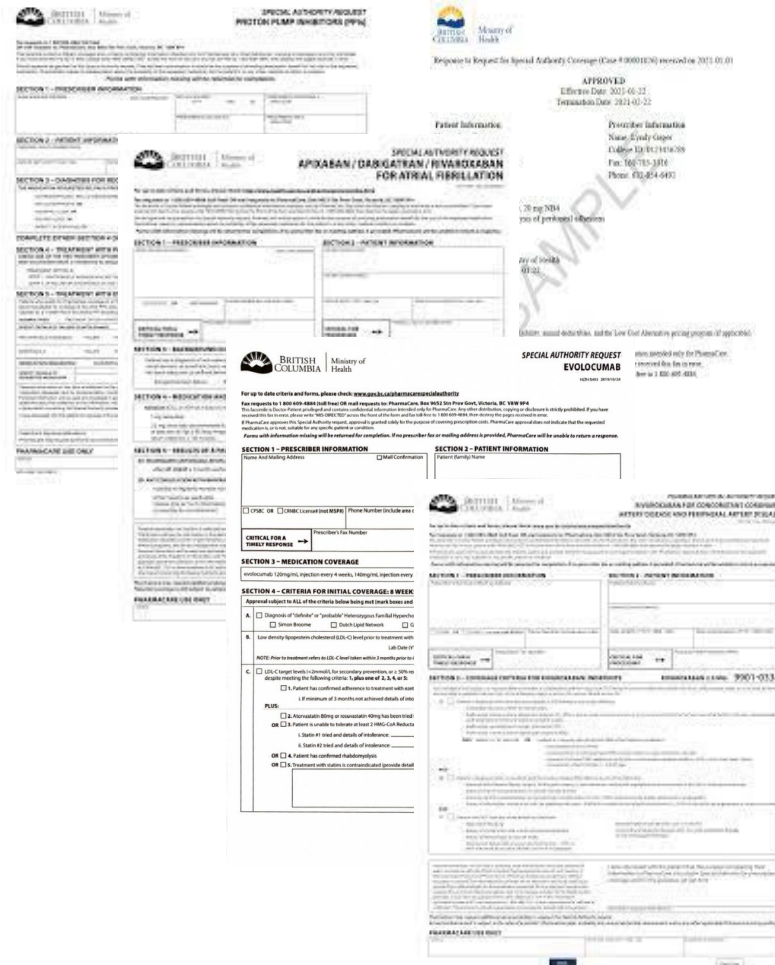
What is Administrative Burden

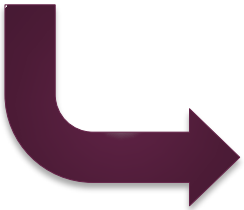
Administrative Burdens

- **Reducing duplicative or overly complex forms, tasks, out-of-date processes, and evaluating who is best to do the work that needs to be completed.**
- **Impact is timely access to quality patient care.**
- **Cumulative impact to physicians: productivity, work-life balance, burnout, ability to take on additional patients, and job satisfaction.**



What Comes to Mind When You Think of Administrative Burden?





Time Sharing



Impact to Patient Safety

significant system emergent trust
injury technology communication
management worry preparation
unnecessary cancer burden progression
harm malignancy duplication access
exhausted paperwork wait data
culture radiation time disease clinical
costs burnout exposure judgement
notification requisitions error diagnosis
requirements imaging delay
dynamic consultation unsuccessful





Different Structures to Address Administrative Burden

Formal Structure

* List anticipated to expand and grow



Administrative Burdens Working Group (ABWG)

Name	Organization
Robert Hulyk	Doctors of BC (Co-Chair)
Liana Silver	Ministry of Health (Co-Chair)
Carolyn Rudden	Ministry of Health
Claire Brown	Provincial Health Services Authority (PHSA)
Dr. Lisa Gaede	Family Physician Rep – Doctors of BC
Dr. Gordon Jung	Specialist Physician Rep – Doctors of BC
Project Team:	
<i>Allie Muniak</i>	<i>Health Quality BC</i>
<i>Jamie Duteil</i>	<i>Health Quality BC</i>
<i>Leanne Griffiths</i>	<i>Health Quality BC</i>
<i>Kate McCammon</i>	<i>Health Quality BC</i>



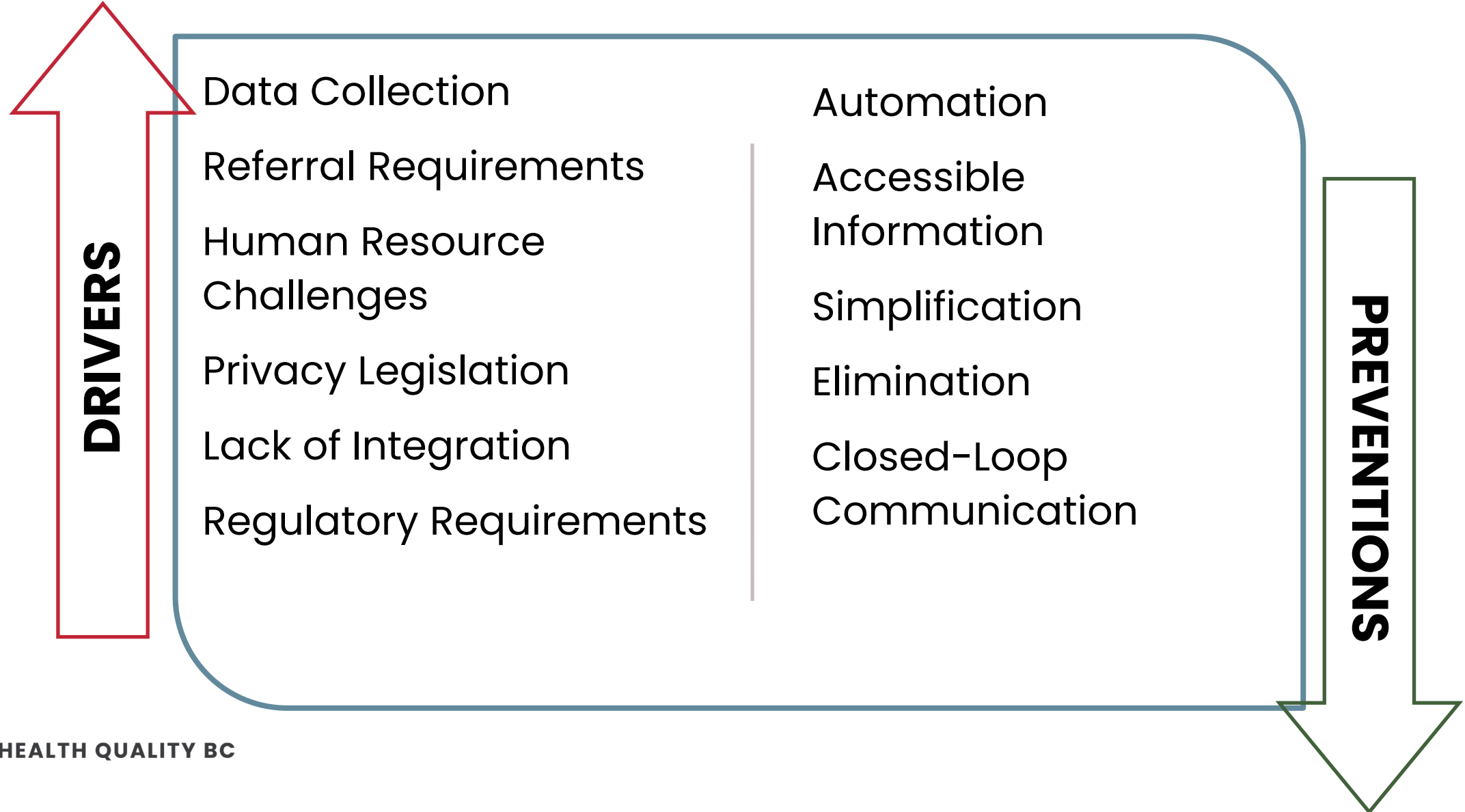
Drivers of Administrative Burden

“Every strength over extended can be a weakness”

- Intention
- Efficiency
- Safety
- Effectiveness



System Contributions





Human Factors Approach

What is Human Factors?

“Designing for human use -
a body of information about human abilities, human limitations, and other human characteristics that are relevant to design.”

A large iceberg floats in a clear blue ocean. The tip of the iceberg is visible above the water surface, while the much larger, jagged base is submerged below. The sky is bright blue with scattered white clouds. The overall scene is serene and emphasizes the concept of hidden depth.

TECHNICAL

CULTURE



HEALTH QUALITY BC

Image: freepik.com

"Different systems outcomes can be had by building different relationships, sometimes using the very same or similar parts, because small changes to the parts can make a tremendous difference."

- Kim Vicente



WHAT YOU ACCOMPLISH ALONE



WHAT YOU ACCOMPLISH TOGETHER

Methodology for Reduction of Administrative Burden

Decision Making Criteria

- Frequency
- Severity
- Time
- Accuracy
- Cost
- Communication

Purpose and extent to which the process and/or form supports quality patient care

(Human Factors Lens)

Areas of Evaluation

- (Elimination)
- Minor reorganization (Simplify)
- Reallocation
- Redesign
- (Collaborate, Resource, Communicate)

For items that are considered 'positive', 'working well', or are known to reduce administrative burden, consider Spread and Scale

(Doctors of BC Burdens Tool)

Impact: Time

- Frequency
- Quantity
- Rework
- Completion
- Scale
- Communication

Measured in hours of physician time

(Health Economic Lens)

Impact: Quality of Care

- Respect
- Safety
- Accessibility
- Appropriateness
- Effectiveness
- Equity
- Efficiency
- Patient and Physician Experience

(BC Quality Matrix)



Observations

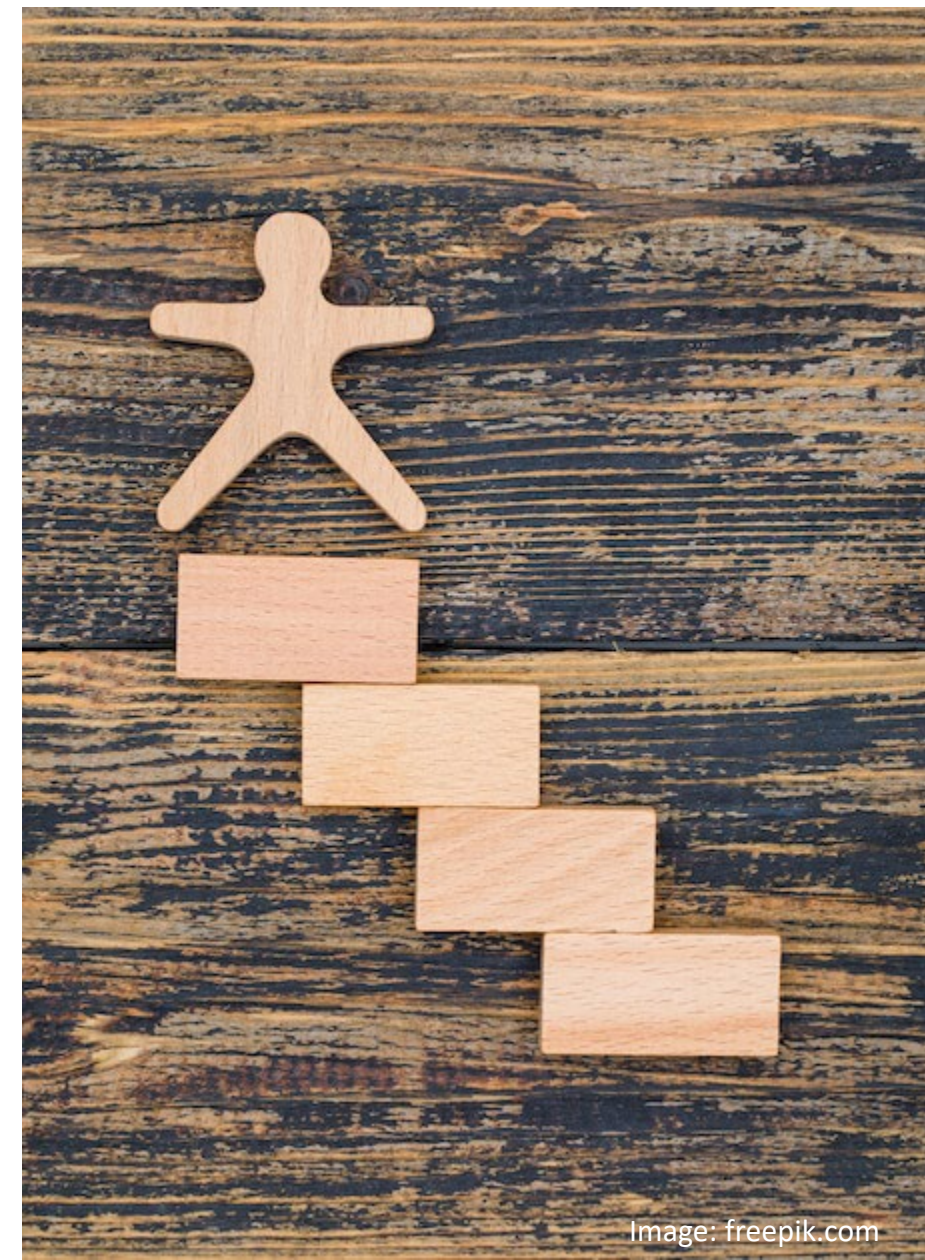
- **What is happening?**
Exploration / Curiosity
- **How is it happening?**
Workflow and Task Analysis
- **Is it happening correctly?**
Auditing / Compliance





Task Analysis

- Learning how users work (i.e., the tasks performed)
- Observable activity with a start and end point
- Smaller steps to analyze the sequence, conditions and performance criteria
- Focus on one user, their goal, and how they carry out tasks to achieve it.
- Identify gaps or uncertainties



Areas of Focus

- Special Authority grants full or partial coverage to a drug or device that otherwise would not be covered or only partially covered and is provided in specific medical circumstances

Special Authority



- Health Authorities may take on the responsibility of contacting patients regarding their appointments where physicians' offices normally manage these processes

Medical Imaging




- Identify specific forms and processes for review

BC Cancer

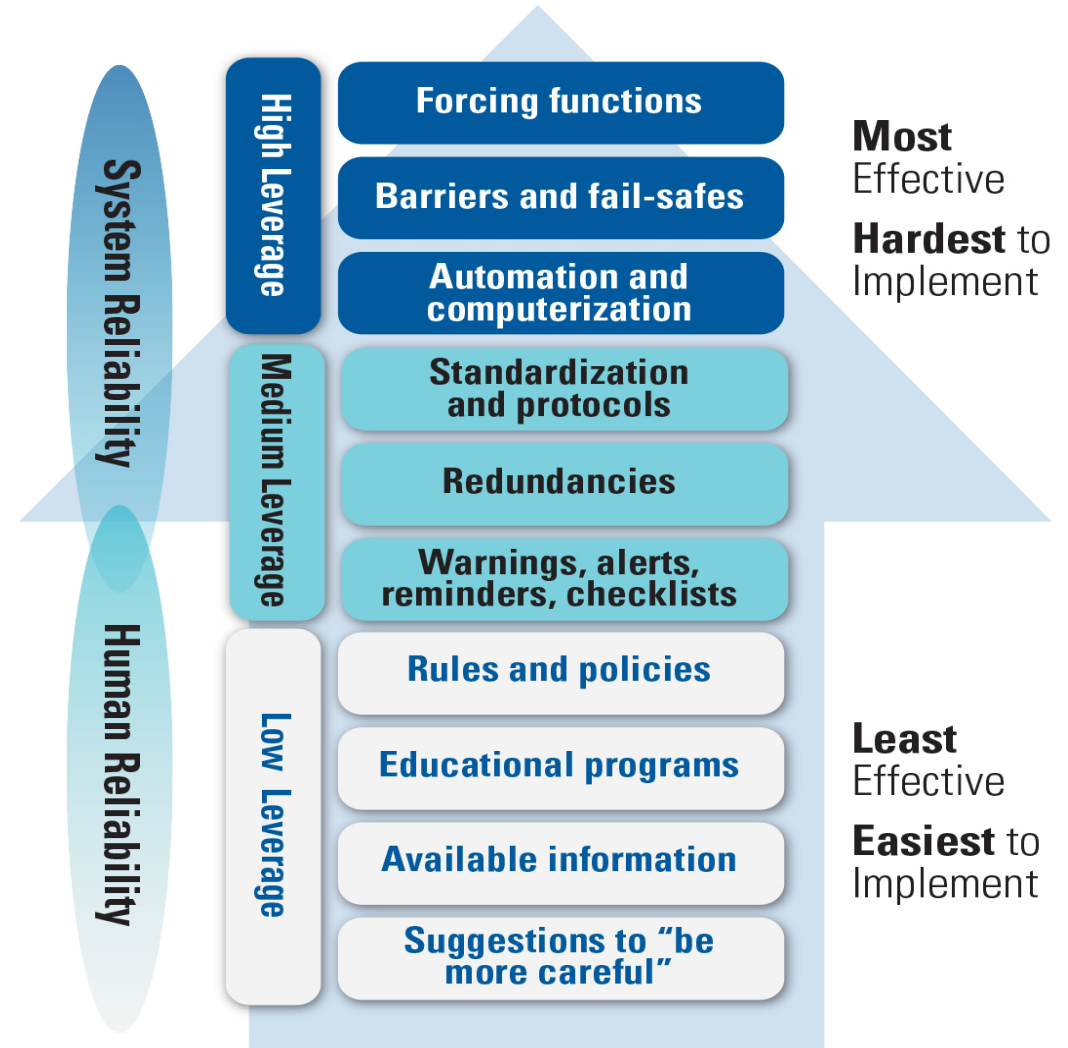


Impact to Quality of Care

 HEALTH QUALITY BC <hr/> HEALTH QUALITY MATRIX		DIMENSIONS OF QUALITY						
		RESPECT Honouring a person's choices, needs and values	SAFETY Avoiding harm and fostering security	ACCESSIBILITY Ease with which health and wellness services are reached	APPROPRIATENESS Care that is specific to a person's or community's context	EFFECTIVENESS Care that is known to achieve intended outcomes	EQUITY Fair distribution of services and benefits according to population need	EFFICIENCY Optimal and sustainable use of resources to yield maximum value
LIVING WITH ILLNESS OR DISABILITY Care and support for living with chronic illness and/or disability		INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE		
		"I have less and less time to care for patients and that is why I got into medicine in the first place." Providers	"These results were missed because four different versions of the same report were faxed to my office." Providers	"We need to create criteria to limit access to this service to those most in need. We cannot afford to offer this service to every patient." Policy	"We do not have that type of specialist working in our community who can complete this form?" Patients	"This patient needs a different treatment than what guidelines indicate, but I cannot do that before trying the required option first." Providers	"I do not have a doctor who will sign these forms for me." Patients	"The only way I can limit the amount of administrative work I do is by limiting my patient panel size." Providers

Hierarchy of Effectiveness

Some recommendations and changes are more effective than others.



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What did we find?

Medical Imaging



550,007
exams

4-6
interactions

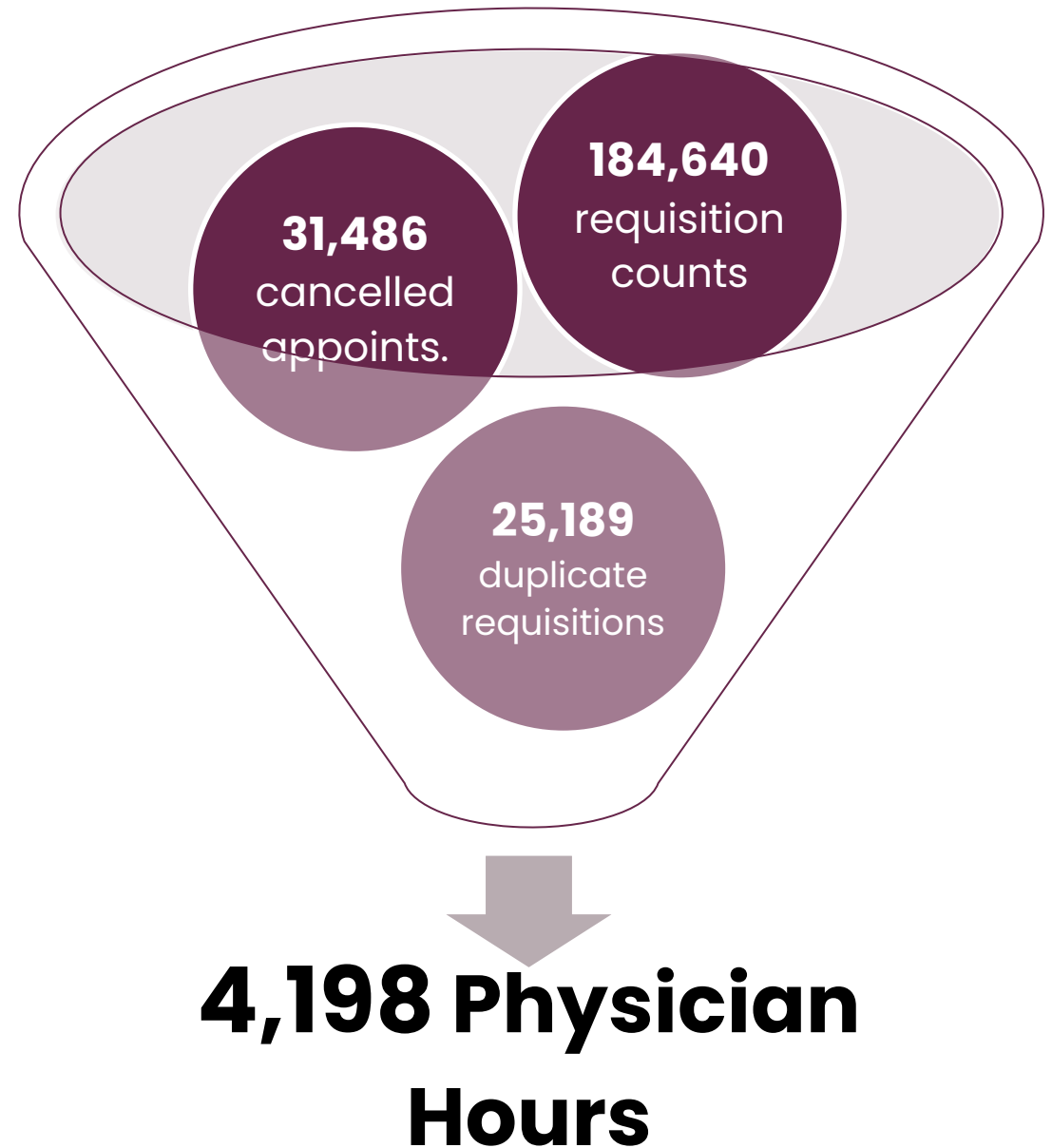
5-10 min
each

183,335
hours

Duplications

An analysis was completed for ten hospitals which identified over **30,000** cancelled requisitions.

80% were due to duplicate requisitions in the system



No Shows

- Significant **increase** in no shows for programs that rely on ordering providers to notify patients of appointments and exam preparation instructions
- A total of **16,346** CT & USS exams were **NOT** completed due to no shows
- This equates to **5,448** physician hours



High Level Themes



CONTINUITY OF CARE



COMMUNICATION AND SITUATION AWARENESS



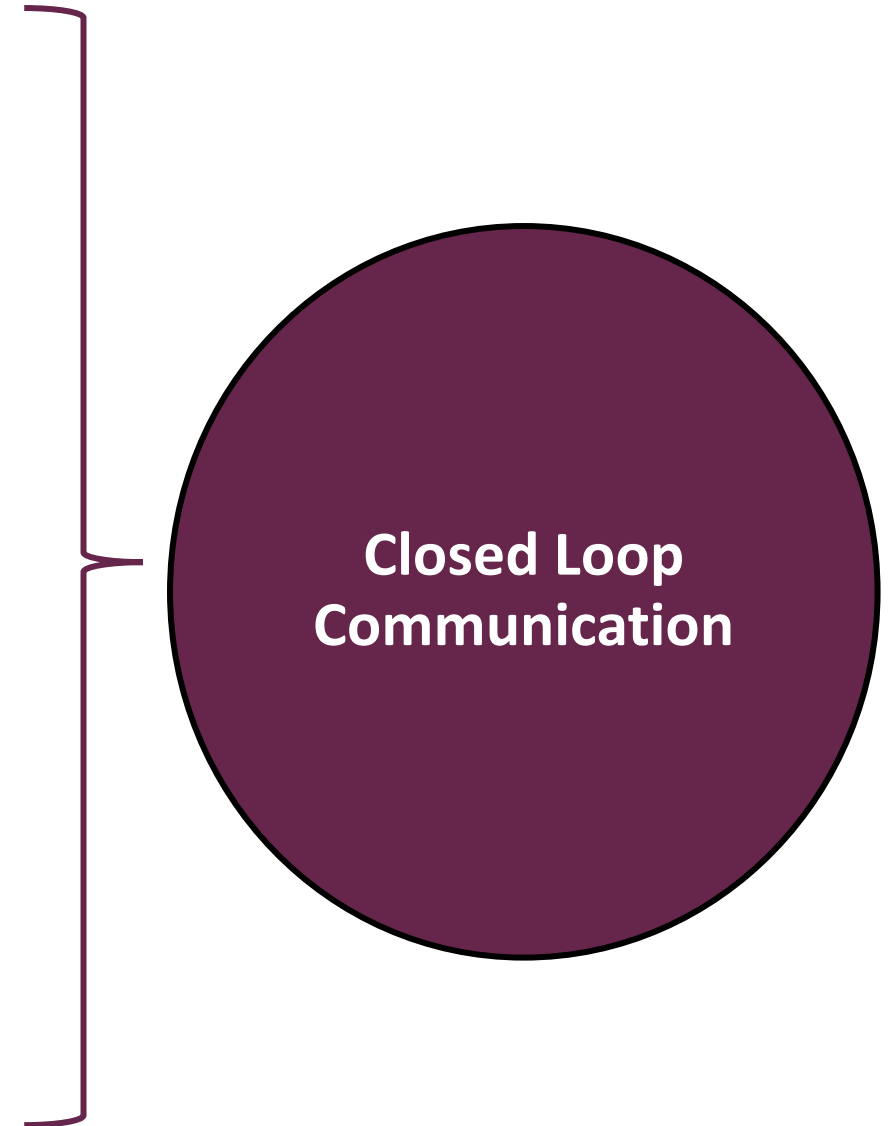
DELAYS IN CARE

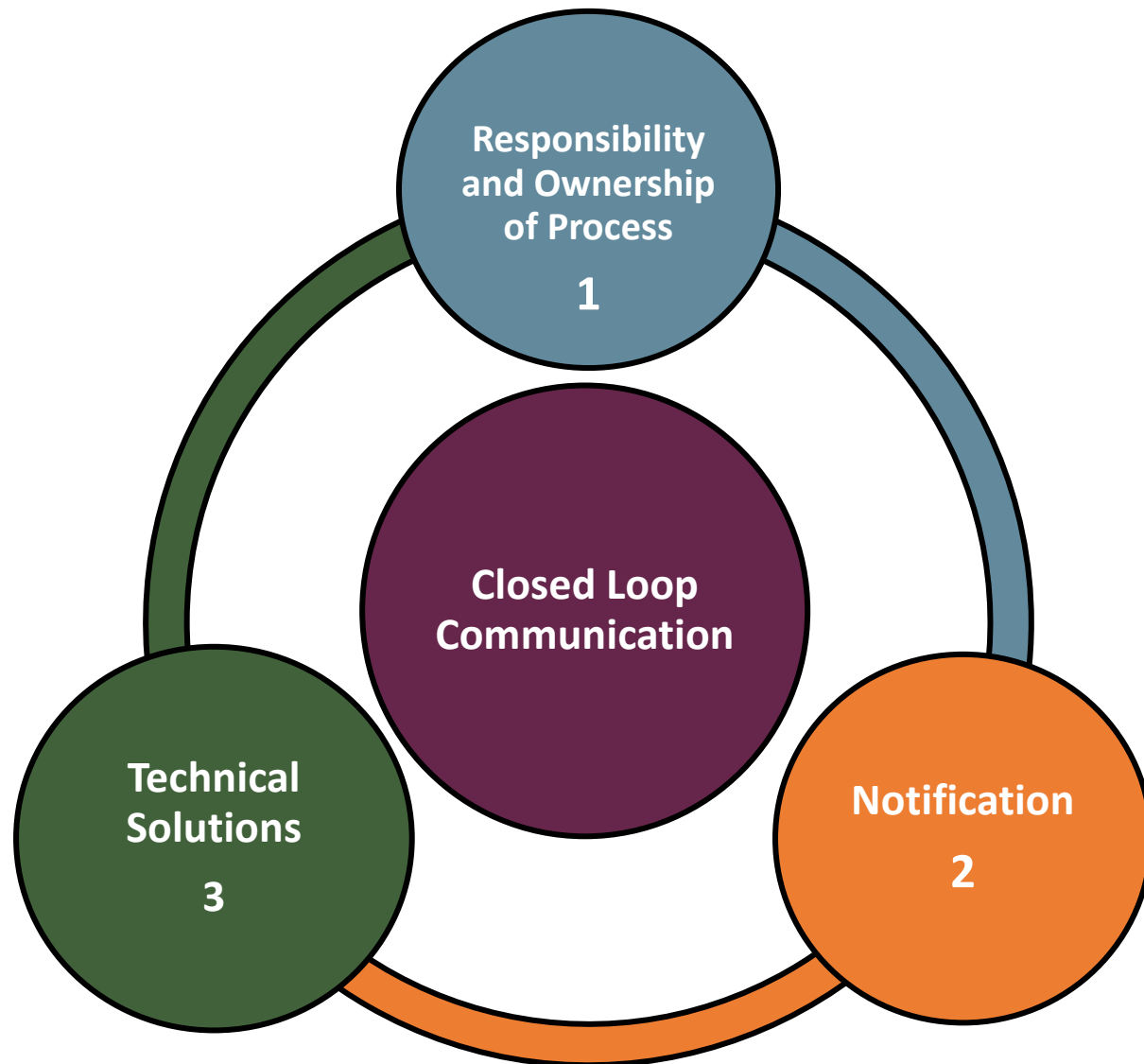


MORAL BURDEN AND PATIENT SAFETY



TRUST

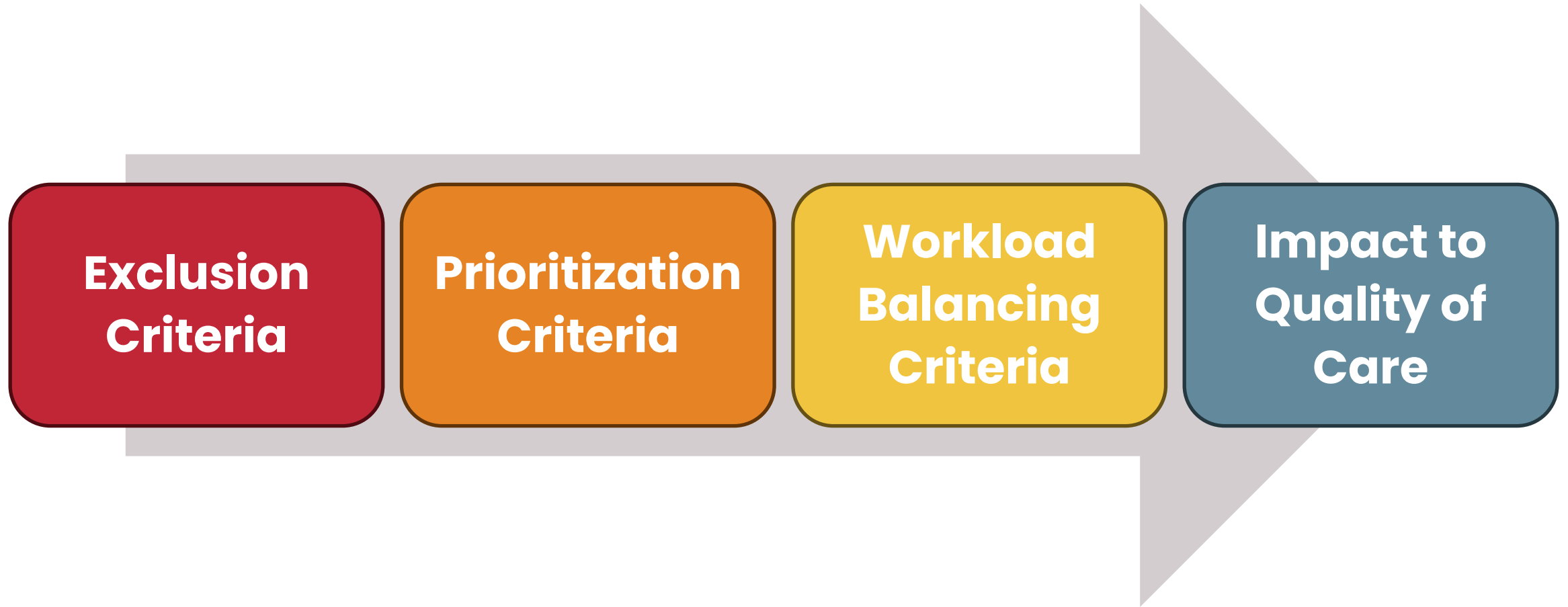




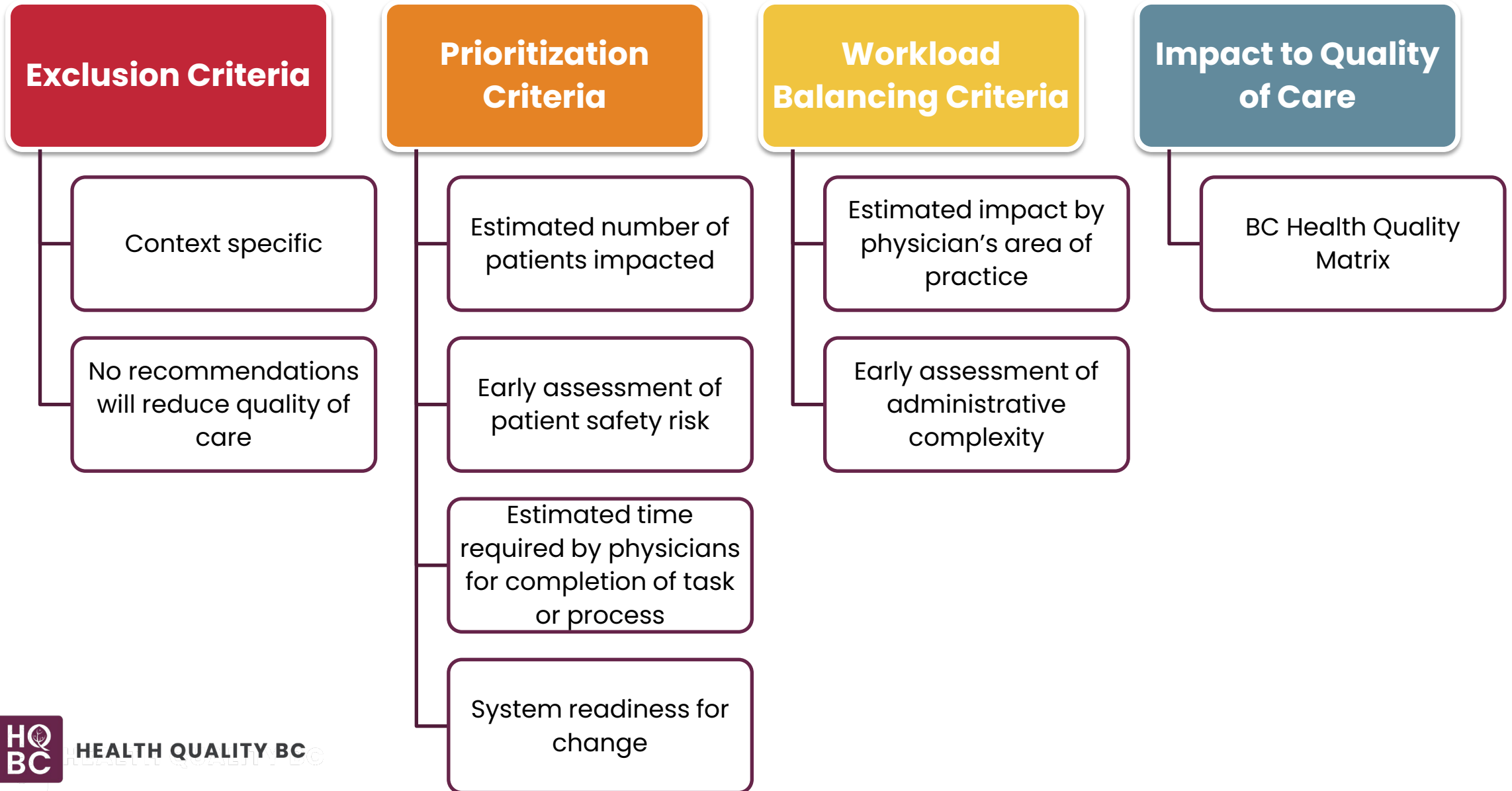
183,335 Hours Estimated
(minimum) in Reduction of
Physician Administrative
Burden

*Equates to approximately
90 Physician FTE*

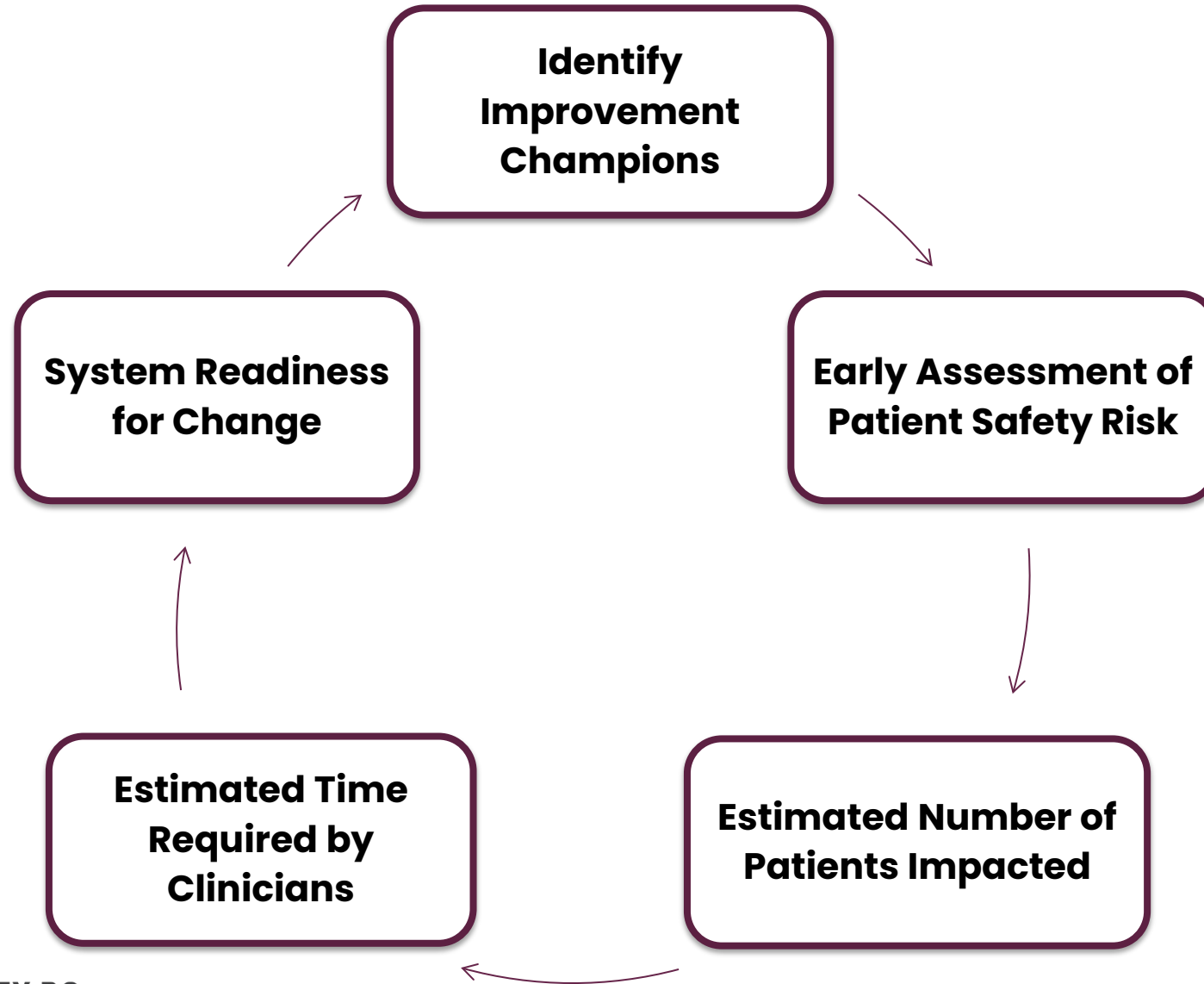
Additional Burdens Prioritization



Additional Burdens Prioritization Framework



What can you do?



slido

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What is your biggest administrative burden currently?

① Start presenting to display the poll results on this slide.

"Value is created, and breakthroughs are made through the strength, number and quality of relationships in (these) systems. Exactly what these relationships will produce isn't determined - but they create the (system) conditions allowing for (the) emergence."

– Bill Bannear



Contact Information

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Thank You!



Q & A



The image shows a clinical or office environment with a blue color overlay. In the foreground, two individuals are seated at a desk. The person on the left is wearing a white lab coat and a face mask, looking at a computer monitor. The person on the right is wearing blue scrubs and a face mask, also looking at the monitor. A third person, wearing a white t-shirt and a face mask, is standing in the background. The desk has a computer monitor displaying a data table, a keyboard, a mouse, and some papers. The overall scene suggests a collaborative work environment in a healthcare setting.

NAME	DATE	STATUS
John Doe	2023-10-27	Active
Jane Smith	2023-10-28	Inactive
Mike Brown	2023-10-29	Active
Sarah Green	2023-10-30	Active
David White	2023-10-31	Active
Emily Black	2023-11-01	Active
Chris Grey	2023-11-02	Active
Alex Blue	2023-11-03	Active
Mia Purple	2023-11-04	Active
Noah Yellow	2023-11-05	Active
Liam Red	2023-11-06	Active
Olivia Pink	2023-11-07	Active
Lucas Orange	2023-11-08	Active
Isabella Green	2023-11-09	Active
Ethan Blue	2023-11-10	Active
Ava Purple	2023-11-11	Active
Noah Yellow	2023-11-12	Active
Liam Red	2023-11-13	Active
Olivia Pink	2023-11-14	Active
Lucas Orange	2023-11-15	Active
Isabella Green	2023-11-16	Active
Ethan Blue	2023-11-17	Active
Ava Purple	2023-11-18	Active
Noah Yellow	2023-11-19	Active
Liam Red	2023-11-20	Active
Olivia Pink	2023-11-21	Active
Lucas Orange	2023-11-22	Active
Isabella Green	2023-11-23	Active
Ethan Blue	2023-11-24	Active
Ava Purple	2023-11-25	Active
Noah Yellow	2023-11-26	Active
Liam Red	2023-11-27	Active
Olivia Pink	2023-11-28	Active
Lucas Orange	2023-11-29	Active
Isabella Green	2023-11-30	Active
Ethan Blue	2023-12-01	Active
Ava Purple	2023-12-02	Active
Noah Yellow	2023-12-03	Active
Liam Red	2023-12-04	Active
Olivia Pink	2023-12-05	Active
Lucas Orange	2023-12-06	Active
Isabella Green	2023-12-07	Active
Ethan Blue	2023-12-08	Active
Ava Purple	2023-12-09	Active
Noah Yellow	2023-12-10	Active
Liam Red	2023-12-11	Active
Olivia Pink	2023-12-12	Active
Lucas Orange	2023-12-13	Active
Isabella Green	2023-12-14	Active
Ethan Blue	2023-12-15	Active
Ava Purple	2023-12-16	Active
Noah Yellow	2023-12-17	Active
Liam Red	2023-12-18	Active
Olivia Pink	2023-12-19	Active
Lucas Orange	2023-12-20	Active
Isabella Green	2023-12-21	Active
Ethan Blue	2023-12-22	Active
Ava Purple	2023-12-23	Active
Noah Yellow	2023-12-24	Active
Liam Red	2023-12-25	Active
Olivia Pink	2023-12-26	Active
Lucas Orange	2023-12-27	Active
Isabella Green	2023-12-28	Active
Ethan Blue	2023-12-29	Active
Ava Purple	2023-12-30	Active
Noah Yellow	2023-12-31	Active

Want to rep your love for quality improvement?

Become a QI Power Hour speaker!



Register

Scan to sign up!



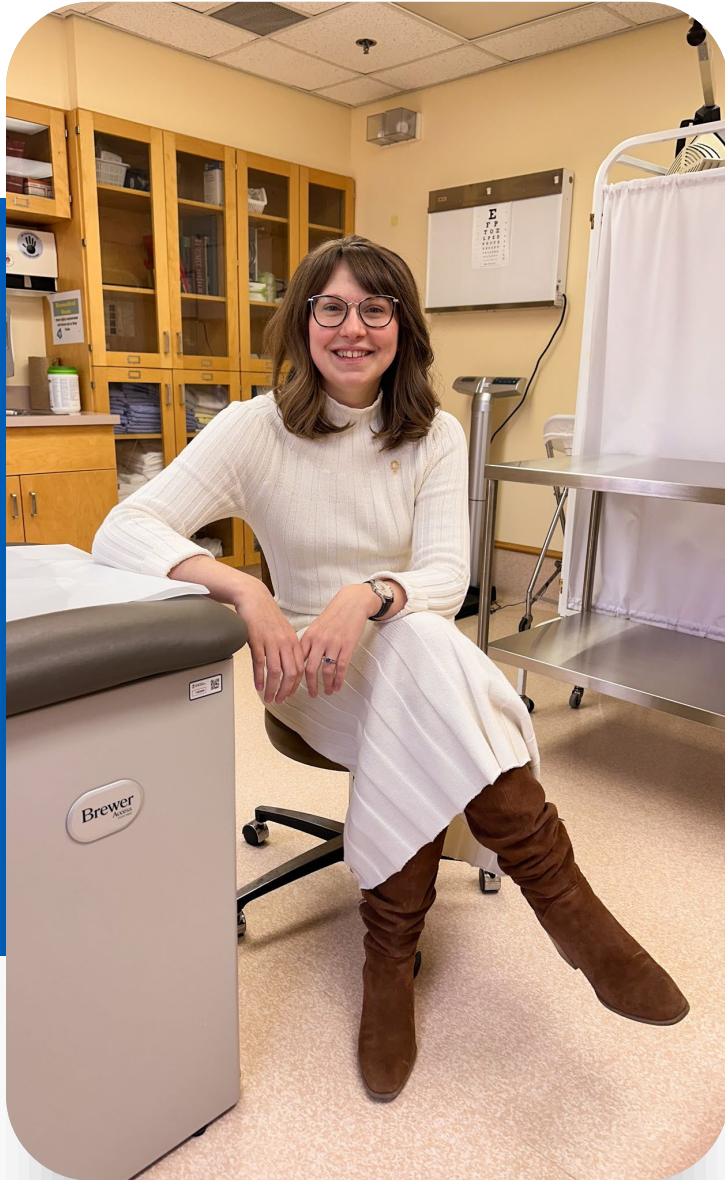
Present

Speak at Power Hour!



Get your socks

Receive I ♥ QI socks!



JOIN US NEXT TIME...

Increasing primary care access: Practical, clinic driven quality improvement

FRIDAY, DECEMBER 13

9 a.m. to 10 a.m. CST

Aubrey Tollefson

MOSSBANK AND LAFLECHE PRIMARY
HEALTHCARE CLINICS

SASKATCHEWAN
HEALTH
QUALITY
COUNCIL

