

ASHP Section of PHARMACY INFORMATICS AND TECHNOLOGY

**ASHP LIVE Webinar Networking Session:
Medication-Use Systems
Project Management Support
and
Lessons Learned**

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TOGETHER WE MAKE A GREAT TEAM

Learning Objectives

- Determine several key project management requirements of systems with oversight by pharmacy,
- Analyze lessons learned from the implementation of medication-use technology,
- Compile key criteria for safe and effective medication-use systems using project management skills.

What is Your Current Position?

- A. Director of Pharmacy
- B. Assistant Director
- C. Clinical Specialist
- D. Systems Analyst
- E. Other

A. B. C. D. E.

Role of Pharmacist in Medication-Use

- Comprehensive knowledge about safe and effective use of medications.
- Understanding core pharmacy operations.
- Pharmacists has knowledge to interpret clinical data.
- Clinical decision support tools bring best practice information and guidelines.



Strategic Approach for Medication Use Process

- Seven dimensions of high-performance pharmacy
 - ❖ Medication preparation & delivery
 - ❖ Patient care
 - ❖ Medication safety
 - ❖ Medication-Use Policy
 - ❖ Financial Performance
 - ❖ Human Resources
 - ❖ Education



Strategic Approach for Medication Use Process Projects

- Set priorities:
 - ❖ Feasibility
 - ❖ Potential for financial return
 - ❖ Effect on quality and safety



Role of Pharmacy Leadership In Project Management

- Create and sustain vision and impetus for change;
- Identify priority areas for improvement.
- Self-assessment;
- Establish short- and long-term goals;
- Identify multi-disciplinary processes and issues important to organization;
- Support regulatory requirements and quality mandates;



Primary Responsibilities and Duties of Project Management



- **Tactical Skills**
 - ❖ Manage scope, schedule budget
- **Strategic Skills**
 - ❖ Specific objectives or activities
- **Management Skills**
 - ❖ Facilitate and lead effective meetings
- **Professionalism**
 - ❖ Support team members
- **Protocol Endorsement**
 - ❖ Project plan and schedule





Features of Safe and Effective Medication-Use Technology

- Demonstrate Improved Medication Safety and Efficiency
- Integration/Interoperable
- Reputable Vendor
- Promotes Standardization
- Flexible Design and Build
- Comply with Regulatory and Legal Requirements
- Reliable and Adequate Support
- Robust reporting tool/canned reports
- Supported by a Downtime Plan

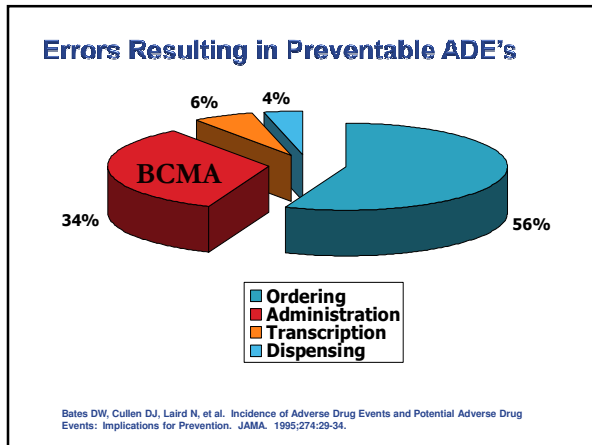


What is the percent of bar code medication administration (BCMA) implemented at your institution?

A. 0%
B. 25%
C. 50%
D. 75%
E. 100%




A. B. C. D. E.



PROJECT MANAGEMENT:
Where do I begin.....**PREPARE**

“By failing to prepare you are preparing to fail.”
-Benjamin Franklin

“The nicest thing about not planning is that failure comes as a complete surprise and is not preceded by a period of anxiety.”
-John Preston



Before you begin your project: Questions to ask yourself

- What am I doing? **Define your project**
- Why am I doing it? **Improve workflow? Save \$\$?**
- What do we want? **Success? Safety?**
- Who will this impact? **One department or more?**
- What will I need? **Steering committee, team, resources?**
- How will I proceed? **Small or big project? A plan!**
- How will I measure success? **Metrics, happy nurses?**
- Will I be doing other things during this process? **Most likely YES**



PROJECT MANAGEMENT BASICS

- **Define your project**—Charter, Scope
- **Assemble your team**—Stakeholders Champions, internal team, resources needed, determine risks/issues. Cross functional teams
- **Vendor System Selection, RFP**—Site visits, presentations, cold calling, involve cross-functional investigative team. What is important to you?
- **Create time line/project plan with vendor**—Is it reasonable? Build in wiggle room, talk with departments about their future plans
- **Design Sessions**—Tweak to your workflow, design out potential for error. Is it easy to do or the right thing to do? Look at all scenarios
Think through the steps and write them down, verify, P and P's.
- **Communication plan**—How, What, Why, Where and When? Be creative!
- **Build and Test**—Test to YOUR specifications on YOUR timeline
- **Train**—Train the trainer OR vendor trains all? Use quick guides, more than one "touch" is preferable. Train close to go live. Use forcing functions.
- **Implementation**—OVER COMMUNICATE, BE FLEXIBLE, POSITIVE



Simple Charter and Scope Sample

- **Charter**- A document that officially acknowledges a projects existence and outlines the responsibilities and boundaries of the project and project manager. Developed by executive or sponsor.
 - Example: ADC optimization project will be headed by William Conner to reduce inventory on hand within the ADC's and will run from Jan 1 thru March 30th.
- **Scope** - A statement that formalizes the output of what the project must produce. Developed by the project manager.
 - Example: The goal of the ADC optimization project is to decrease the current ADC inventory by 10%, except for ED and OR which will remain not be optimized. Reporting from the ADC will be used along with usage information from our patient specific fill.



The Project Plan

- Simple or complex list of tasks with timelines
- Plan for delays, create wiggle room
- Prepare for vacations, sick days, holidays
- Contact all Stakeholders/ resources for other projects that may impact your project and plan around it
- Work with vendor but YOU are in the driver seat. Drive the timeline on your project plan. Teamwork.
- Know your drop dead dates
- Use your Communication Plan early and often
- Be realistic when creating



Working with your Vendor during a project

- You are partners
- Do not be afraid to say NO
- Discuss in detail when the vendor will be onsite for implementation support so expectations are clear
- Take vendors recommendations and combine them with your own internal capabilities
- Does the project plan work with your culture?
- Does the vendor require you to sign a project plan agreement?
- Make sure to have daily "huddles" and daily or weekly updates on outstanding items.
- Help each other to be successful




TAP INTO INTERNAL RESOURCES

- Do you have internal project planning experts?
- What other departments can help you?
 - ❖ Risk Management?
 - ❖ Safety R.Ph. or Nurse?
 - ❖ Lean Six Sigma green or black belts?
 - ❖ Building Design and Construction Dept?
- Do you need a mentor?




USE EXTERNAL RESOURCES

- ISMP-Self-assessments, guidance documents
- Joint Commission
- ASHP statements and guidelines
- HIMSS
- Project planning websites
- Quality/Safety Resources
- State and Federal Law






Medication Use System Implementations – Lessons Learned Post Implementation

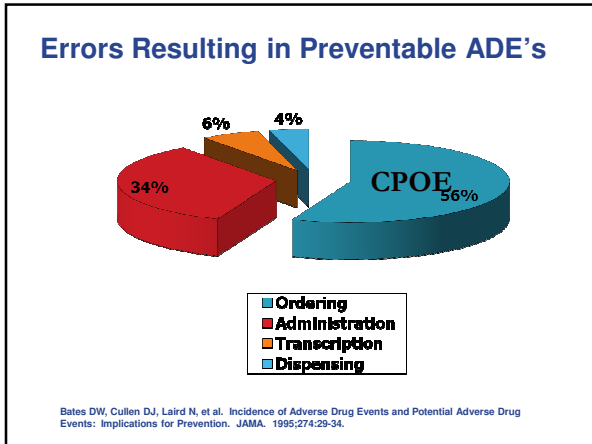
- **Survey project team:**
 - ❖ Document what worked well, what needs to change
 - ❖ Include project team and end-users
 - ❖ Incorporate changes into subsequent projects
 - ❖ Make your lessons learned available to others within your organization
- **Beware of work-arounds, engineer the potential for error out of new workflows**
- **Be on the lookout for new kinds of errors**



What is the percent of computerized physician order entry (CPOE) implemented at your institution?

- A. 0%
- B. 25%
- C. 50%
- D. 75%
- E. 100%





Hooray, the system has been implemented!




But wait, someone still has to support, and maintain it...

Project Budget for Resources

- Plan for dedicated resources for support post-implementation
 - ◆ Maintenance
 - ◆ Optimization
 - ◆ Testing – patches and upgrades
- Submit to proper governance prior to approval
- Work with vendor, other clients to determine adequate staffing


Who do the pharmacy informatics resources report to at your institution?

A. Pharmacy
B. Information Services
C. Pharmacy and IS
D. Quality and Safety
E. Other




Organizational Structure For Maintenance and Support

- **Pharmacy Model**
 - ◆ IT resources (pharmacist analysts, technician analysts, etc.) report up through Director of Pharmacy with liaison to IS Proper
- **Information Services Model**
 - ◆ IT resources reside under clinical arm of IS with dotted-line reporting to department of pharmacy
- **Advantages and Disadvantages to both**



What role does pharmacy play on the project team for development and implementation of medication-use systems at your hospital?

A. Pharmacy is taking the lead role
B. Pharmacy is co-leading
C. Pharmacy is a participant
D. Pharmacy is not involved
E. We don't have a project team in place yet



Implementing Medication-Use Systems: Summary

- **Safety First:** Review safety-advocacy, regulatory, and accrediting body requirements and recommendations. Pharmacy must take a leading role in examining the effects of technology and process changes on medication errors.
- **Pharmacy must represent/manage at all levels and phases** – Steering Committee, design workgroup, testing and user acceptance, and support maintenance.
- **System Evaluation:** Due diligence via site visit, conference calls, past experience
- **Plan and budget for adequate support resources once the system is implemented and converts to maintenance mode.**



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