

The Importance of Communication in Successfully Implementing Patient Safety Initiatives in Medication Management

The Royal Victoria Regional Health
Centre's Story



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The Story Begins....

- In 2009 RVH was given the green light to proceed with a redevelopment by our Health Ministry
- Part of the redevelopment included the creation of a regional cancer program
- RIVA (robotic intravenous admixture) was implemented for our oncology products
- Set the tone for improvements to the entire Medication Management system and monies were ear-marked
- In 2013 the Pharmacy Program developed a 3 year strategic plan to improve the safety & efficiency of medication management in the institution with this money



Development of the 3 Year Plan

- Umbrella charter developed
- Encompassed 13 projects:
 - Complete renovation of existing space
 - Creation of a <797> compliant sterile suite
 - 24/7 unit dose organizational wide
 - Controlled substance management including new vault & monitoring technology
 - Inventory management and high density storage
 - Barcoding
 - Decentralized order entry
 - Scanning solution
 - Standardized preprinted orders
 - 2 cMAR projects (including organizational-wide) including SMATs
 - 2 Med Rec projects (including organizational-wide)



Progress

- Within 24 months 9 of the 13 projects were complete
- 2 additional projects will be complete by December 2015
- 2 projects will be completed by summer 2016
 - Completion of organizational roll-out of:
 - cMARs
 - Med Rec
- Significant advancement in a very short time period



Principles for Implementation

- Cannot be done 'off the side of your desk' – budget for a Project Manager as part of the costs
- Identification of ALL stakeholders
 - Easier said than done; essential to tailor communications strategy
- Planning
 - Mapping with all stakeholders
 - Engage consultants/independent experts to ensure objectivity in designing desired future state
 - Frequent, scheduled meetings; they can always be cancelled if not needed
 - Comprehensive Communications Strategy
- Always keep the following questions upper most in all interactions:
 - What's changing
 - What's staying the same
 - What's 'In It for ME!'

Communications

- As important as the actual implementation
- Starts right at the signing of the umbrella Charter
- Rule of Thumb:
 - 6 times in 6 different ways
 - Also easier said than done
- Always the first element to be sacrificed in a time-crunch and always the worst mistake



Communication Strategy

- Target to your audience
 - Senior Leadership & Board of Directors
 - Nursing
 - Physicians
 - Pharmacy Staff
 - Information Technology/Systems Staff
 - Rest of the Organization



Types of Communication

- Monthly Steering Committee Updates
- Quarterly updates to Quality Committee of Board of Directors
- Grand Rounds
- Accreditation Lunch & Learns
- Program Council Meetings
- Physician specific Meetings
- Staff Meetings
- Safety Huddles
- Memorandums (printed & electronic):
 - Unit & profession specific
 - General
- Posters during Patient Safety Week (PSW)
- Electronic Learning Systems (ELS)
- One on One training
- Any opportunity given for me to speak!!



Example of Communication: Steering Committee

What	When	How	Who
Progress updates on Major Milestones	Monthly	Presentation in Meeting	Chair/PM
Major Issues that are impacting Scope, Time, Cost, Quality	Monthly/Ad hoc [depends on impact]	Presentation in Meeting or via email, WebEx.	Chair/PM
Risks to Core Deliverables	Monthly/Ad hoc [depends on impact]	Presentation in Meeting or via email, WebEx.	Chair/PM
Key Decisions Impact Scope, Time, Cost, Quality	Monthly/Ad hoc [depends on impact]	Presentation in Meeting or via email, WebEx.	Chair/PM
Corporate Messages on Project Success, importance, resources, status, etc.	Monthly	Email and/or Web	Corp. Communications

Example of Communication: Steering Committee

Project Name: Medication Systems Improvement Initiative

Period: ending April 30, 2014

Budget and Timelines:

●	Metric is performing at or better than target
●	Metric is within 10% of target
●	Metric is underperforming target by more than 10%
■	Not applicable

Scope:

●	No changes to scope
●	Less than 2 change requests
●	Greater than 2 change requests

Resources:

●	No changes to project resources
●	One key project resource is changed/unavailable
●	More than 1 key resource has changed/unavailable

Project	Budget	Timeline	Scope	Resources	Comments
Automated Packager & 24/7 Unit-dose Roll-out	●	●	●	●	Completion Date: May 16, 2014
Pharmacy Renovations	●	●	●	●	Ahead of schedule
Medication Reconciliation: Pilot	●	●	●	●	Timelines are coming back into target range
cMAR Pilot	●	●	●	●	
HDS & Retrieval System	●	●	●	●	
Standardized Medication Administration Times Project	●	●	●	●	Into the final Committee Approval process

Communication Strategy

- Senior Leadership:
 - Steering Committee & Board Updates
- Nursing:
 - Nursing grand rounds, program council meetings, safety huddles, memos (both unit specific & organizational-wide general), ELS
- Physicians:
 - Physician specific meetings, memos, one-on-one training
- Pharmacy Staff
- IT Staff:
 - Staff meetings, memos
- Rest of the Organization
 - Grand Rounds, Accreditation Lunch & Learns, ELS, PSW posters

Content of the Communication

- Keep messaging consistent
- ‘What is changing’
- ‘What is staying the same’
- ‘What is in it for Me’ (MOST IMPORTANT)
- How we will track progress



Sustainability

- Data collected monthly & reported monthly at:
 - Safe Medication Practices Subcommittee
 - Pharmacy & Therapeutics Committee
 - Medical Advisory Committee
 - Program & Corporate Dashboards (e.g. Pharmacy, Surgery)
 - Quality & Safety Corporate Committee
- Reported quarterly to:
 - Quality Improvement Plan for Hospital