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

The Royal Victoria Regional Health Centre's Story



D. Merrill, PharmD Director, Pharmacy Program Royal Victoria Regional Health Centre Barrie, ON

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 rollout 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, <u>scheduled</u> 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
 - InformationTechnology/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!!



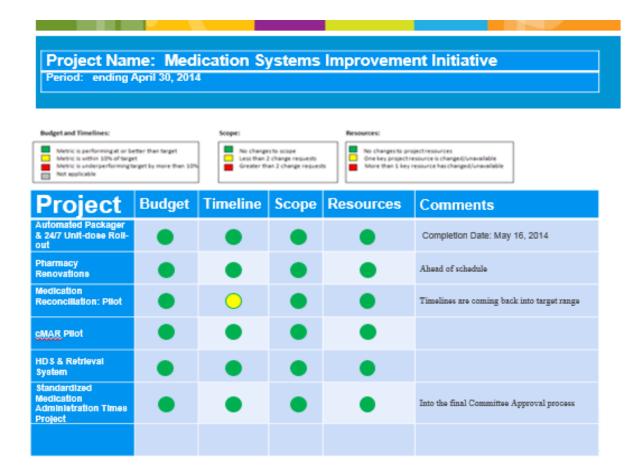


Example of Communication: Steering Committee

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





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

